Derbyshire County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1965

BY

J. B. S. MORGAN
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH
AND PRINCIPAL SCHOOL MEDICAL OFFICER

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

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COUNTY MEDICAL OFFICER OF HEALTH

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COUNTY HEALTH COMMITTEE
(As at 31st December, 1965)

ALDERMAN MRS. E. HARRISON
(Chairman)

COUNCILLOR M. HEWITT
(Vice-Chairman)

Aldermen

J. ANDERSON
G. COCKER
J. W. HALL
MRS. E. G. REDFERN
MRS. D. M. SUTTON
E. WRIGHT
A. F. T. WYATT

Councillors

H. S. ARMITAGE
F. BLUNT
J. CARTER
S. F. COLLINS
R. CRESSWELL
J. DENTON
H. FISHER
W. GARDNER
F. JOHNSON
W. McBAIN
C. J. MERREY
MRS. G. MOORE
K. A. PRIESTNALL
J. STEVENSON
W. H. WHITEHEAD
J. WILLIAMSON
G. H. WOODHAM

Co-opted Members

DR. R. R. LANE
R. BONNER-WILLIAMSON ESQ.
J. BRAMLEY, ESQ.
MRS. S. A. JERVIS
MRS. D. M. ASHLEY
MISS M. E. GRIMWOOD-TAYLOR

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN A. F. T. WYATT
COUNCILLOR F. BLUNT
COUNCILLOR S. F. COLLINS
COUNCILLOR H. FISHER
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN J. W. HALL
ALDERMAN MRS. E. G. REDFERN
ALDERMAN MRS. D. M. SUTTON
COUNCILLOR F. BLUNT
COUNCILLOR J. CARTER
COUNCILLOR H. FISHER
COUNCILLOR W. GARDNER
COUNCILLOR M. HEWITT
COUNCILLOR W. McBAIN
COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Co-opted Members:—
ALDERMAN MRS. A. M. BELFIELD, ALDERMAN L. HEATH, DR. H. BAILEY, DR. W. J. BARBOUR, DR. J. STIRLAND, DR. J. A. STIRLING, DR. P. J. WILLIAMSON & DR. J. C. M. WILKINSON. TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF KINGSWAY HOSPITAL, ASTON HALL HOSPITAL and WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT
COUNCILLOR J. CARTER
COUNCILLOR S. COLLINS
COUNCILLOR M. HEWITT
COUNCILLOR W. H. WHITEHEAD

Child Minders Sub-Committee

ALDERMAN MRS. E. HARRISON
COUNCILLOR M. HEWITT
Local County Councillor as appropriate to each application

Laundry Service Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN J. W. HALL
ALDERMAN MRS. E. G. REDFERN
ALDERMAN MRS. D. M. SUTTON
ALDERMAN A. F. T. WYATT

COUNCILLOR J. CARTER
COUNCILLOR M. HEWITT
COUNCILLOR MRS. G. M. MOORE

Home Help Service Sub-Committee

ALDERMAN MRS. E. HARRISON
ALDERMAN MRS. D. M. SUTTON

COUNCILLOR S. F. COLLINS
COUNCILLOR M. HEWITT
COUNCILLOR MRS. G. M. MOORE

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1965, its membership was as follows:—

Representing the County Health Committee.
ALDERMAN MRS. E. HARRISON (*Chairman*)
ALDERMAN MRS. D. M. SUTTON
COUNCILLOR M. HEWITT
COUNCILLOR K. A. PRIESTNALL

Representing the Education Committee.
ALDERMAN MRS. G. BUXTON
ALDERMAN MRS. O. EDEN
ALDERMAN J. B. HANCOCK
COUNCILLOR T. R. WRIGHT

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1965)

ALDERMAN C. FEAKIN
(*Chairman*)

ALDERMAN A. F. T. WYATT
(*Vice-Chairman*)

Aldermen

J. ANDERSON
H. G. BOOTH
G. W. COCKER
MRS. D. M. SUTTON
A. FOWLER

Councillors

F. R. BOTT
M. W. BOWMER
J. W. DENTON
F. W. ELDRIDGE
J. P. GADSBY
J. G. A. GREEN
MRS. D. HARDMAN
L. HARRIS
J. H. HIGGINBOTTOM
T. T. JENNINGS
J. McKAY
C. MITCHELL
D. E. SKINNER
G. SMITH
J. W. TRIPPETT

Milk Licences Sub-Committee

ALDERMAN C. FEAKIN
ALDERMAN A. F. T. WYATT

Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN G. H. BOOTH
ALDERMAN C. FEAKIN
ALDERMAN A. F. T. WYATT
COUNCILLOR M. W. BOWMER
COUNCILLOR F. W. ELDRIDGE
COUNCILLOR J. McKAY

To the Chairman and Members of the

Derbyshire County Council

Ladies and Gentlemen,

I have the honour to present the 76th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the population (which is estimated to be 778,040) were respectively 17.31 and 11.68: the corresponding rates for England and Wales (provisional) were 18.1 and 11.5. The **Infant Mortality** rate was 17.20 deaths under one year of age per 1,000 live-births, which is the lowest ever recorded; the provisional figure for England and Wales was 19.0 which is also the lowest ever recorded. The Table on page 18 sets out the figures for Derbyshire since 1930; your attention is also drawn to the Tables on page 19 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The **Maternal Mortality** rate was 0.072 per 1,000 live- and still-births, and is the lowest figure recorded in this County: In point of fact, there was only one death from this cause. (For England and Wales the provisional figure was 0.25). The Table on page 43 shows the mortality over the last fifteen years. The percentage of **Illegitimate Births** was 4.95 as compared with 4.55 in the previous year and 4.17 in 1962. (The illegitimacy rate for England and Wales in 1965 was 7.7 compared with an average of 6.0 for the preceeding 5 years).

There were **8,340 deaths** compared with 8,299 in the previous year.

Of the 8,340 **deaths,** 1,132 were certified as being due to **Heart Disease** and 1,293 as being due to **Vascular Lesions of the Nervous System.** The number of deaths from **Coronary Disease,** including **Angina Pectoris,** which had shown a gradual rise during the past few years, from 942 in 1954 to 1,520 in 1962, dropped to 1,504 in 1963, but rose to 1,605 in 1964 and to 1,644 in 1965.

During the year there were 1,473 deaths which were certified as being due to **Malignant Disease:** the lesion was in the stomach in 210 patients, in the lung or bronchus in 335, in a breast in 140, and in the uterus in 61.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years:—

Year	Deaths from		Total
	Respiratory Tuberculosis	*Malignant Neoplasm of lung or bronchus*	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276
1959 ..	34	250	284
1960 ..	39	300	339
1961 ..	29	267	296
1962 ..	33	276	309
1963 ..	27	296	323
1964 ..	24	308	332
1965 ..	29	335	364

The number of deaths from **bronchitis** in the administrative County in the year under review was 510 while last year it was 538.

Local Health Authorities are required under the National Health Service Act to provide a **Home Nursing Service,** and for that reason it may be considered not inappropriate to be reminded of Florence Nightingale's words, who, after all, was a Derbyshire woman:— "Nursing is an Art, the finest of the fine arts, and, if it is to be made an art, it requires as hard a preparation as a painter's or sculptor's work; for what is having to do with dead canvass or cold marble compared to having to do with the living body, the temple of God's spirit? There is no such thing as amateur art. There is no such thing as amateur nursing."

Great care is exercised in this country, including this County, regarding our **water supplies,** but I sometimes think that the general public may be taking a great deal for granted in this sphere. I thought, therefore, it would not be out of place to quote from the World Health Organisation's magazine in their issue of September/October, 1965:—

> "Countless millions of people all over Latin America walk long distances each day merely in order to assure for themselves a tiny parcel of the elementary human dignity bestowed by bodily cleanliness. No one who has seen the silent queues waiting for the hour when the trickle begins to flow from the community's solitary water tap can remain indifferent to the suffering endured. What makes it all the more intolerable is that a simple one-inch pipe can deliver as much water to a community as 150 women carrying jars for eight hours a day.
>
> Undoubtedly, there is plenty of good water all over the Hemisphere. The question is one of bringing it to where it is needed and, above all, paying for it.
>
> For it is often forgotten that water, like any other commodity, costs money. It has to be treated, transported, pumped, and finally distributed. Investments must be made in installations to do all this. But psychological, political, and financial obstacles stand in the way."

The fluoridation of water supplies, I suspect, like so many other things, is not so bad as the Jeremiahs predict, nor as good as the

enthusiasts maintain. It is not easy to keep a sense of balance when emotion takes a part in arriving at a judgment. I was very impressed with what appeared in the editoral of the New York Times (which, however, had nothing to do with fluoridation):—"the atmosphere of sensationalism surrounding this important episode is far removed from the properly sober and cautious normal procedures of science, particularly of the sciences involved with human lives."

The Ministry of Housing and Local Government (in circular 71/65) and the Ministry of Health (in circular 21/65) have given some timely advice on **access to public buildings for the disabled.** In the introduction, the following appears:—

> "The number of people who have difficulty in negotiating stairs is increasing. They may be physically handicapped, blind, or simply getting old. Many thousands of people are able to get about only in wheelchairs and many have to propel themselves. To these, steps and steep slopes are a serious if not an absolute obstacle. Many of these people are handicapped, not only physically but socially and economically because the design of buildings hitherto has rarely taken account of their special needs. Much can be done simply by avoiding steps at entrances and thus providing easy and level access at ground level, with an adequate lift for reaching upper floors. At entrances where there are any steps, hand rails should be provided."

The Disabled Living Activities Group of the Central Council for the Disabled has also drawn attention to this matter. This Group states that the Registrar-General estimates that by 1970 the elderly and the disabled together will number about 15% of the population. It will be appreciated that architectural barriers, such as steps, heavy swing doors and other obstacles, may present problems to disabled people in gaining access to buildings. Barriers may make entry difficult for many and may deny it for some. There may be occasions when the disabled person, though he is able to get to a place of work, may not be able to enter it. It would be unfortunate if due to the presence of unnecessary architectural barriers work was denied to the disabled for which their abilities fit them.

I am aware that as far as our County Architect and his staff are concerned, they are sensitive to the problem and are paying increasing attention to it.

In the Report of the National Assistance Board for the year ended 31st December, 1964 (Cmnd. 2674) it is gleaned that over 2¼ million people drew **National Assistance** during 1964. (This figure does not include people applying for grants to meet charges under the National Health Service nor the large number of people who need National Assistance but are too proud to ask for it.) Of the 2¼ million, 71% are over retiring age (65 for men; 60 for women)—in other words, known to be old as well as poverty striken.

Once again I have to thank the Members of the County Health, Education, and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health

Services, and especially their respective Chairmen, namely Alderman Mrs. E. Harrison, Alderman Mrs. G. Buxton, and Alderman C. Feakin; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, Dr. V. J.Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought was given to expanding services.

I would end by quoting Thomas Carlyle—

"There is no kind of achievement equal to perfect health."

I am,

Your obedient Servant,

J. B. S. MORGAN.

County Medical Officer of Health.

County Offices,
Matlock.

(*Telephone No. Matlock* 3411).

6th June, 1966.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT (31st DECEMBER, 1965)

COUNTY MEDICAL OFFICER OF HEALTH
J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH
V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE
ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH
Vacant

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION
JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH
H. BAILEY, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS
M. ALLAN, M.B., Ch.B., D.P.H.
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
H. E. NUTTEN, M.B., Ch.B., D.P.H.
A. R. ROBERTSON, M.B., Ch.B., D.P.H.
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
EILEEN M. BEDFORD, M.B., Ch.B.
ELLEN M. M. MURPHY, M.B., B.Ch., B.A.O., D.P.H.
BARBARA HUTCHINSON-SMITH, M.B., Ch.B., D.C.H.
MURIEL M. HELME SUTCLIFFE, B.Sc., M.B., B.S., M.R.C.O.G.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:
THELMA S. ADAMS, M.B., Ch.B.
FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.
J. W. CRAWSHAW, M.B., Ch.B.
R. E. DEAN, L.R.C.P., L.R.F.P.S.
CHRISTINE M. DAVENPORT, M.B., Ch.B. (Part-time).
J. DUTHIE, M.B., Ch.B.
FRADA ESKIN, M.B., Ch.B.
J. A. GAWTHORPE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
EVELYN B. HORTON, M.B., Ch.B. (Part-time)
J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)
MARY HUGHES, M.B., Ch.B. (Part-time)
D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)
BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)
EMILY B. JOHN, M.B., B.S., L.R.C.P., M.R.C.S.
JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)
MARGARET J. NETTLESHIP, M.B., Ch.B., D.P.H.
ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (Part-time)
HELEN P. SPINK, M.R.C.S., L.R.C.P. (Part-time)
MARY STEVENS, M.B., Ch.B. (Part-time)
G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
SHEILA G. SYKES, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H. (Part-time)
MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)
TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.

Dental Officers: J. S. BENNETT, B.D.S.
MARGUERITE FORD, L.D.S.
A. Y. JADWAT, B.D.S. (Part-time)
B. J. WEST, L.D.S. (Senior Dental Officer, Chesterfield Borough)

BIRTH RATE, INFANT MORTALITY RATE AND DEATH RATE DURING THE LAST SEVENTY-FIVE YEARS.

Year		Birth Rate *per* 1,000 *of Population*	Infant Mortality *per* 1,000 *Births*	Death Rate from all Causes *per* 1,000 *of Population*
1891 to 1900	WHOLE COUNTY	**33.7**	**147**	**17.1**
	England and Wales	29.9	153	18.3
1901 to 1910	WHOLE COUNTY	**28.5**	**126**	**14.1**
	England and Wales	27.1	128	15.3
1911 to 1920	WHOLE COUNTY	**24.07**	**99**	**12.66**
	England and Wales	21.90	100	13.85
1921 to 1930	WHOLE COUNTY	**19.73**	**70.7**	**10.92**
	England and Wales	18.36	71.7	12.14
1931 to 1940	WHOLE COUNTY	**15.7**	**56.7**	**11.31**
	England and Wales	14.93	58.6	12.26
1941 to 1950	WHOLE COUNTY	**18.25**	**41.99**	**10.94**
	England and Wales	17.02	42.88	11.72
1951 to 1960	WHOLE COUNTY	**15.43**	**26.20**	**11.70**
	England and Wales	15.82	24.80	11.62
1961*	WHOLE COUNTY	**16.08**	**19.93**	**12.83**
	England and Wales	17.5	21.4	11.9
1962*	WHOLE COUNTY	**16.94**	**21.60**	**12.80**
	England and Wales	17.9	21.7	11.9
1963*	WHOLE COUNTY	**17.11**	**19.26**	**12.31**
	England and Wales	18.1	21.1	12.2
1964*	WHOLE COUNTY	**17.29**	**17.74**	**12.15**
	England and Wales	18.4	19.9	11.3
1965*	Urban Districts	17.36	18.17	11.88
	Rural Districts	17.21	16.33	11.56
	WHOLE COUNTY	**17.31**	**17.20**	**11.68**
	England and Wales	18.1‡	19.0‡	11.5‡

* See note on page 14 ‡ Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1965

On 11th January, 1966, the Ministry of Health issued Circular 1/66 concerning the "Annual Report of the Medical Officer of Health for 1965". Relevant extracts from the first two paragraphs of the circular read as follows:—

> "I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and containing, in addition to public health matters upon which he may consider it desirable to report, any information required by the Minister. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1965 . . .
>
> 2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1965 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, congenital defects, fluoridation, health education and chiropody.)

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

(1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;

(2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;

(3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;

(4) he shall furnish the Minister with one copy of any special report which he may make to the county council."

*(Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,396 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,331 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1965 was as follows:—

Municipal Boroughs	144,020
Urban Districts	234,270
Rural Districts	399,750
Total Administrative County	778,040

The rateable value of the Administrative County for the year 1966/67 for the County Rate purposes is £25,605,859, and a penny rate over the whole County is estimated to produce the sum of £100,287.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

Derbyshire includes the southern extremity of the Pennines, hills which are bounded to the south by the broad valley of the Trent and are penetrated deeply by that river's tributaries, the Derwent and Dove. The south of the County forms part of the English Midlands with a climate which though variable is rarely extreme. To the north, the hills, rising to over 2,000 feet in Kinder Scout, sometimes contribute to rigorous conditions in winter including a high rainfall and humidity.

The most densely populated part of the County is the eastern coalfield, where the collieries, coke ovens and blast furnaces have been progressively reduced in numbers in recent years, output now being concentrated in relatively few large concerns. Many other heavy industries, such as chemical production, iron foundries and engineering flourish on the coalfield and the textile and clothing industries provide employment for women, particularly since the last war. Atmospheric pollution from the heavy industries, railways and burning waste heaps remains a problem though less severe than in former years. To the south the coalfield, textile industries, notably hosiery and lace, with many light engineering concerns, are prominent in the area between Nottingham and Derby and many people resident in this part of the County travel to work to offices and varied industries of these County Boroughs. The Derwent Valley played a prominent part in the development of the cotton and hosiery industries, which still flourish in several large factories, and the valley also contains dyeworks, foundries and wireworks. At Matlock, in the centre of the County, the County Council has its offices and the town is also a popular resort due to its spectacular scenery. In the south-west of the County a small coalfield has a well established pottery industry, while nearby on the Trent two groups of power stations have brought new problems of atmospheric pollution by dust and sulphur dioxide. In the north-west, beyond the

spa and conference centre of Buxton, a group of manufacturing towns long dependent on the cotton industry have in recent years achieved a more diversified economy. Brake linings and other asbestos products, paper, brushes, clothing and electrical goods and canned foods are all made, often in former cotton mills, but bleaching and textile printing remain important.

The rural areas of the County support a flourishing agricultural economy and important market centres. Specialisation on milk production has resulted in milk and cheese factories. Mineral deposits are worked in many places, the limestone quarries including the largest in Europe. Works processing the minerals tend to produce dust, particularly in the case of cement works and lime kilns, but the lead smelters which were formerly notorious are no longer a problem. The mineral processing plants include several classed as "Refractories Industries" some of which may make workers liable to pulmonary disease. Away from the quarries the rural areas are noted for their fine landscape, which has attracted increasing numbers of visitors in recent years, assisted by the activities of the Peak Park Planning Board which administers Britain's first National Park.

VITAL STATISTICS

The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954.

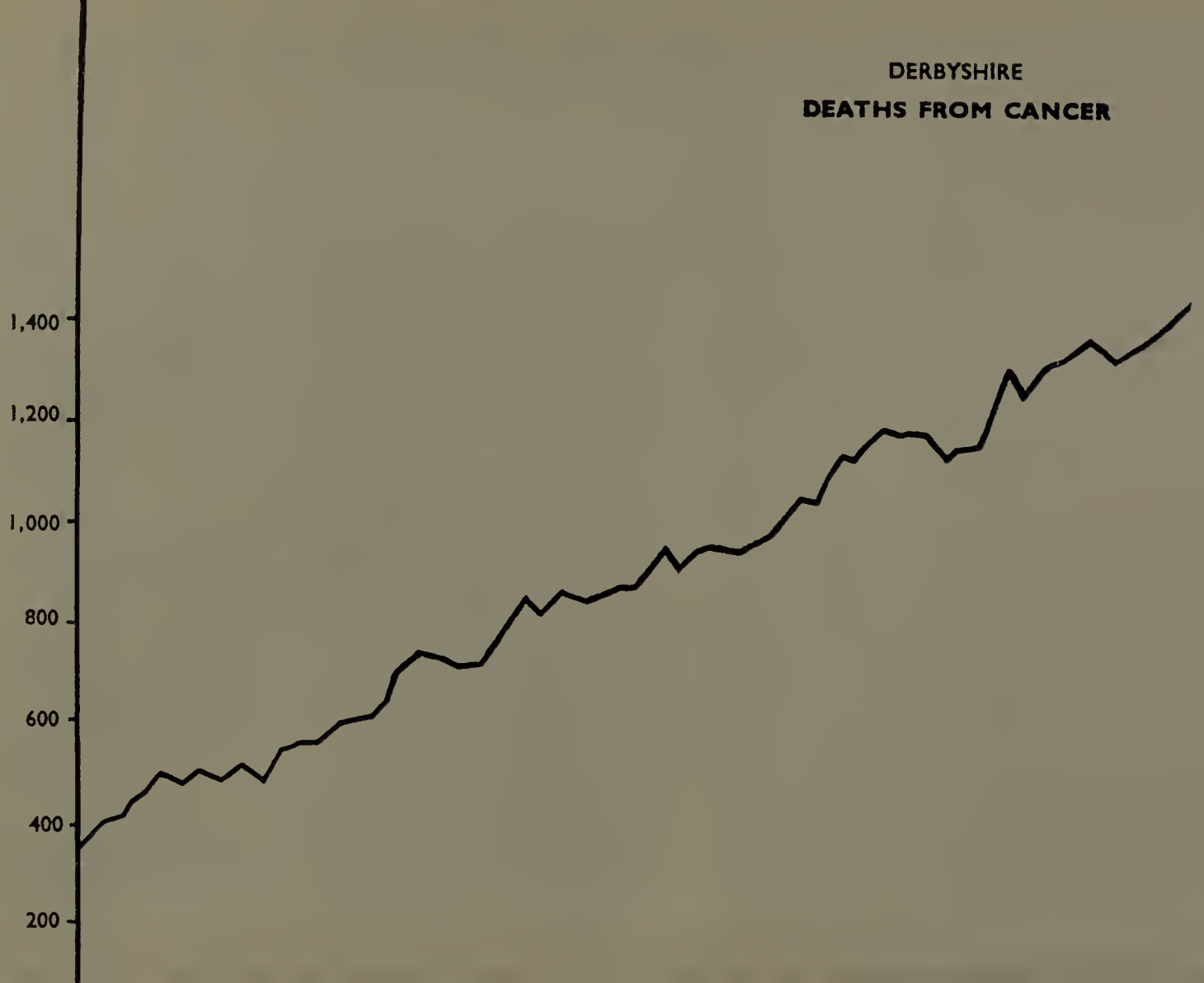
Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1965 are as follows—for births: 0.99; for deaths: 1.09.

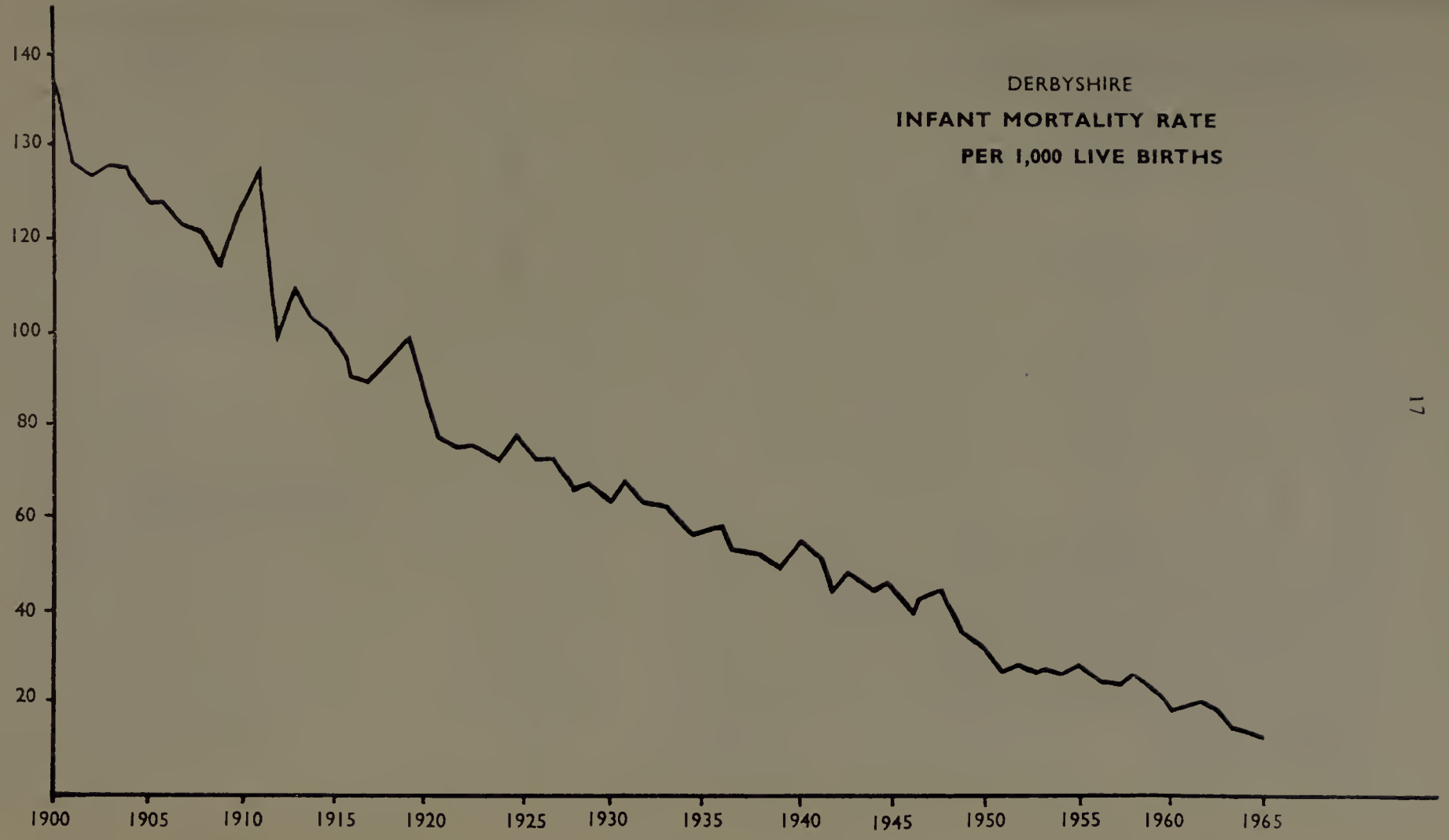
	Males	*Females*	*Total*
Live Births—Legitimate ..	6,540	6,390	12,930
—Illegitimate ..	330	343	673
Total	6,870	6,733	13,603


DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
40
35
30
25
20
15
10
5
0
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965
BIRTH RATE
DEATH RATE

DERBYSHIRE

DEATHS FROM CANCER




DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS
140
130
120
100
80
60
40
20
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965

Live birth rate per 1,000 population	17.31
Illegitimate live births per cent of total live births	4.95
Stillbirths—Number	216
—Rate per 1,000 total live and still-births	15.88
Total live- and still-births	13,819
Infant deaths (deaths under one year)	234
Infant mortality rates—	
Total infant deaths per 1,000 total live-births	17.20
Legitimate infant deaths per 1,000 legitimate live-births	16.78
Illegitimate infant deaths per 1,000 illegitimate live-births	25.26
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	11.25
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	9.78
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births)	25.26
Maternal mortality (including abortion)—	
Number of deaths	1
Rate per 1,000 total live- and still-births	0.072
Number of deaths from all causes	8,340
Death rate per 1,000 of the estimated population	11.68
Deaths from Cancer (all ages)	1,473
Death rate from Cancer	2.06

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

Year	*Rate*
1930	61.4
1935	56.6
1940	55.4
1945	44.5
1950	30.19
1955	29.14
1960	19.74
1961	19.93
1962	21.60
1963	19.26
1964	17.74
1965	17.20*

*The rate for England and Wales in 1965 was 19.0 (provisional).

NEONATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

Year	*Number of Neo-natal Deaths*	*Rate per 1,000 Live Births*
1950 ..	188	17.4
1955 ..	210	20.3
1960 ..	166	13.54
1961 ..	179	14.56
1962 ..	198	14.95
1963 ..	161	12.16
1964 ..	160	11.88
1965 ..	153	11.25*

* The provisional figure for England and Wales is 13.0.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths	133
Early neonatal mortality rate	9.78

The following table provides an analysis of the causes of death of the 153 children who died during 1965 under four weeks of age, as well as of the 133 children who died under one week of age:—

Causes of Death	*Number of Deaths under 4 weeks of age*			*Number of Deaths under one week*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
*Congenital malformations ..	25	20	45	22	12	34
Birth accident	10	1	11	9	1	10
Infections	2	5	7	1	3	4
Asphyxia	10	2	12	10	2	12
Prematurity	41	31	72	39	29	68
*Congenital malformations and prematurity	—	1	1	—	1	1
Birth accidents & prematurity	—	—	—	—	—	—
Infections and prematurity ..	—	1	1	—	—	—
Haemolytic disease of Newborn..	3	1	4	3	1	4
Other	—	—	—	—	—	—
Totals ..	91	62	153	84	49	133

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 17.20 per 1,000, which represents 234 children who died under one year of age (compared with a rate of 19.0 (provisional) for England and Wales).

* See Page 61 which discusses Congenital Abnormalities.

The General Register Office has published "some basic statistics on the
England and Wales," based on information obtained from a ten per cent
The following excerpt shows the figures for the administrative County of

EXCERPT FROM TABLE I OF "MIGRATION

Issued by the General

RESIDENT POPULATION BY SEX

Area	Resident population at Census	DURATION OF RESIDEN					
		Under 1 year		1 year		2-4 years	
		Males	Females	Males	Females	Males	Females
a	b	c	d	e	f	g	h
DERBYSHIRE							
ADMINISTRATIVE COUNTY	750,690	32,630	33,180	19,220	19,450	61,080	61,990
M.Bs. AND U.Ds ..	367,500	15,390	15,590	8,460	8,810	27,470	27,750
ALFRETON	23,090	820	990	500	520	1,330	1,280
ASHBOURNE	5,640	200	190	50	80	360	390
BAKEWELL	3,520	150	200	140	140	140	230
BELPER	16,130	630	630	340	350	1,590	1,550
BOLSOVER	11,820	330	450	400	400	620	600
BUXTON M.B. ..	18,490	830	990	600	530	1,680	1,890
CHESTERFIELD M.B.	67,170	3,080	3,000	1,610	1,810	5,250	5,170
CLAY CROSS ..	8,930	310	260	260	260	520	530
DRONFIELD	11,360	550	580	440	470	1,450	1,290
GLOSSOP M.B. ..	18,020	760	750	320	370	1,540	1,660
HEANOR	24,340	1,060	1,100	480	420	1,870	1,720
ILKESTON M.B. ..	35,530	1,380	1,370	790	810	1,770	1,860
LONG EATON ..	30,520	1,620	1,550	670	740	2,680	2,760
MATLOCK	18,930	980	800	350	420	1,410	1,510
NEW MILLS	8,540	380	300	80	160	690	720
RIPLEY	18,160	570	590	400	400	1,080	1,160
STAVELEY	17,680	660	680	350	410	1,390	1,240
SWADLINCOTE ..	19,300	640	650	460	400	1,350	1,310
WHALEY BRIDGE ..	5,390	160	240	80	40	440	530
WIRKSWORTH ..	4,940	280	270	140	80	310	350
RURAL DISTRICTS ..	383,190	17,240	17,590	10,760	10,640	33,610	34,240
ASHBOURNE	11,060	710	380	230	230	860	720
BAKEWELL	19,100	860	810	410	470	1,380	1,530
BELPER	33,710	1,740	1,930	1,020	1,140	2,950	3,170
BLACKWELL	43,330	1,600	1,750	1,010	950	3,500	3,430
CHAPEL EN LE FRITH	18,760	1,000	1,040	510	580	1,460	1,650
CHESTERFIELD ..	101,930	3,750	3,750	2,610	2,640	9,140	9,110
CLOWNE	19,760	730	890	250	230	1,200	1,190
REPTON	37,680	2,100	2,160	1,410	1,340	3,360	3,400
SOUTH EAST DERBYSHIRE ..	97,860	4,930	4,880	3,310	3,060	9,760	10,040
ENGLAND and WALES	46,166,830	2,457,640	2,532,510	1,303,300	1,368,020	3,844,570	4,069,010

duration of residence of the resident population of local authority areas in "sample" during the 1961 Census.

Derbyshire as well as for England and Wales.

—NATIONAL SUMMARY TABLES—PART I"

Register Office (1965)

AND DURATION OF RESIDENCE

CE (AT PRESENT USUAL RESIDENCE)								*Percentage of persons with Duration of Residence less than 15 years* c to k / c to m × 100
5-14 *years*		15 *years or more*		*Since birth*		*Duration not stated*		
Males	*Females*	*Males*	*Females*	*Males*	*Females*	*Males*	*Females*	
j	k	l	m	n	o	p	q	r
113,910	115,540	74,610	83,930	57,200	52,110	12,570	13,270	74.2
54,910	55,670	39,460	45,470	27,530	25,500	7,420	8,070	71.6
3,750	3,800	2,740	3,120	1,920	1,860	210	250	68.9
1,050	1,120	520	670	570	380	50	10	74.3
670	670	330	340	240	200	20	50	77.7
2,420	2,370	1,910	2,220	930	1,040	50	100	70.5
2,340	2,240	1,140	1,240	1,030	850	100	80	75.6
2,490	2,620	1,660	1,990	1,340	1,040	410	420	76.1
10,120	10,450	7,640	8,800	4,880	4,430	480	450	71.1
1,840	1,980	730	840	610	640	80	70	79.2
1,470	1,440	930	910	830	650	210	140	80.7
2,610	2,920	1,900	2,260	1,210	1,250	300	170	72.4
3,510	3,270	2,540	2,830	1,870	1,840	830	1,000	71.4
5,070	5,240	3,570	4,160	2,870	2,490	1,910	2,240	70.3
3,970	3,840	3,600	4,210	2,010	2,210	320	340	69.5
2,170	2,450	1,770	2,040	1,400	1,290	1,090	1,250	72.6
1,570	1,510	840	970	690	570	40	20	74.9
3,140	3,140	2,110	2,410	1,240	1,300	330	290	69.9
2,600	2,510	2,240	2,550	1,540	1,270	60	180	67.3
2,610	2,310	2,150	2,470	1,500	1,600	880	970	67.8
710	900	610	830	420	370	40	20	68.3
800	890	530	610	430	220	10	20	73.2
59,000	59,870	35,150	38,460	29,670	26,610	5,150	5,200	76.7
1,680	1,630	1,170	1,280	1,030	850	110	180	72.4
2,700	2,890	2,120	2,670	1,460	1,450	170	180	69.8
4,540	4,720	3,340	3,730	2,140	2,160	550	580	75.0
6,310	5,970	5,150	5,530	4,080	3,230	450	370	69.7
2,410	2,700	1,910	2,230	1,460	1,080	320	410	73.3
19,310	19,550	7,870	8,100	7,740	6,800	880	860	81.4
3,710	3,700	2,090	2,170	1,820	1,440	180	160	73.6
5,050	5,160	3,000	3,400	2,700	2,310	1,220	1,070	78.9
13,290	13,550	8,500	9,350	7,240	7,290	1,270	1,390	77.9
6,054,360	6,412,390	4,107,290	5,022,590	3,080,480	2,890,090	1,501,610	1,522,970	75.4

Of the 234 children 153 died within four weeks, giving a neonatal death rate of 11.25 per 1,000. The majority of those infants (133) died within the first week, giving an early neonatal mortality rate of 9.78 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1965 was 25.26 (The comparable (provisional) rate for England and Wales was 26.9).

(The term "perinatal mortality" is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week).

INSPECTION AND SUPERVISION OF FOOD

The following report has been provided by Mr. E. Rowley, the County Public Health Inspector:—

"MILK SUPPLY

The Milk (Special Designation) Regulations, 1963.

The above Regulations were the subject of a set of amending Regulations during the year, the main purpose of which was to usher in a new designation of milk "Ultra Heat Treated"—from 1st October. Such milk must be heated to not less than 270°F. for not less than one second and must satisfy the prescribed colony count test. The Ministry of Agriculture, in the circular accompanying the Regulations, also make the following significant statement:—

> "No detailed provision for the filling arrangements are included in the Regulations; but unless aseptic precautions are taken the milk will lose its long-keeping attribute, and post-treatment contamination will result in it failing to satisfy the test."

In other words, dairies will have to make a rather drastic revision of ordinary bottling methods when handling this new type of milk.

Also significantly the Ministry say "the amount of such milk coming on to the home market in the near future is not expected to be very great." Cartonning and retail price level are likely to be serious obstacles.

The new amending legislation now brings the current list of types of licences to the following:—

(i) dealers' licences for the operation of—

(*a*) Pasteurised;

(*b*) Sterilized;

(*c*) Ultra Heat Treated milk processing establishments;

(ii) dealer's (Untreated) licence, required when Untreated milk, in bulk, is obtained for re-sale;

(iii) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the four designations.

All existing licences expired at the end of the year and were renewable for the five year period, 1966-1970.

Pasteurising Plants

Seven pasteurising plants operated during 1965, as follows:—

Name	*Address of Establishment*
Gisborne Dairy Ltd.	.. Manchester Rd., Chapel-en-le-Frith
Ilkeston Co-op Society Ltd. ..	.. Derby Road, Ilkeston
Long Eaton Co-op Society Ltd.	.. Meadow Lane, Long Eaton
Buxton Spa Dairies Ltd. ..	.. The Creamery, Green Lane, Buxton
Pleasley Co-op Society Ltd. ..	.. Pleasley
Ripley Co-op Society Ltd. ..	.. Nottingham Road, Ripley
Unigate Creameries Ltd. ..	.. Egginton, Derby

These are the same seven establishments that were listed in 1964, but two of them changed their names during the year. The licences automatically expired at 31st December but the appropriate Committee authorised their renewal for a further five year period.

It was reported to the Committee that during the five years 1961-65, there had been only six methylene blue test failures (four from one dairy) and only one phosphatase test failure from pasteurising plant samples. Three establishments had had no failures at all since the Authority took over in 1949—an excellent record indeed.

The County Health Inspector made routine inspections at the pasteurising dairies throughout the year and ensured that the plants were operating correctly by checks and regular sampling. Of only one dairy can it be said that the premises fall short of the desirable standards. This is an instance where milk bottling was replaced by pasteurising years ago, in premises which could never properly measure up to the requirements of the changed techniques. It is pleasing to be able to report that all dairies have the high temperature short-time method of pasteurisation and have had it for a number of years.

Plant replacement is an ever present economic problem of dairy managers, but generally speaking every effort is made to keep pace with the depreciation rate. One establishment—that of Ilkeston Co-operative Society Ltd.—has been remodelled and re-equipped at considerable capital cost during the year.

As usual the pasteurising plant sampling figures for the year make satisfactory reading. They are set out below:—

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Pasteurised	141	147	1	—	147

Note—(*a*) M.B. means the Methylene Blue Test; Phos. means the Phosphatase Test.

(*b*) Five samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

Sterilizing Plant

Although all twenty-two samples taken from the one licensed sterilizing plant operated by Ilkeston Co-operative Society Ltd., satisfied the statutory test, namely the turbidity test, a rather serious bacteriological infection of the plant produced many complaints of sour milk from customers and much milk wastage. Every endeavour was made by the Dairy Manager to find the cause and then to eliminate it. Several experts were called in, including the Director of the Public Health Laboratory at Derby. All were finally agreed that bacillus cereus was the cause and the bottle washer the most likely site of the bacterial growth. It took many weeks of patient investigation to arrive at this conclusion.

De-scaling of the washer was thus necessary—a difficult task in itself—and as a water softener was installed at the end of the year, it was anticipated that there would be no recurrence of what must be a most unusal happening in a sterilizing plant establishment.

The ultra-heat treatment stage was mentioned in this Report last year. There has been no further development and the Society has no plans at present. Sampling of this stage has shown that colony counts do not always satisfy the new prescribed test (less than 10), no doubt owing to the non-aseptic but orthodox method of bottle filling.

Milk Dealers

1965 was the last year of the five year period for which dealers were licensed. Consequently re-licensing was in progress at the end of the year, for a further five years, and the opportunity was taken to review the existing licence list and to include new applicants from

information gained from wholesaling dairies. Shopkeepers were mainly involved in this "pruning". The final figures will be given in next year's Report. Those applicable to 1965 are:—

	As at 1/1/65	*As at* 31/12/65
Dealers (Untreated) Licences ..	25	25
Dealers (Pre-packed Milk) Licences	981	967

There is a small but steady flow of licence changes, chiefly transfers of milk "rounds" or shopkeepers. In connection with the former, difficulty is often experienced owing to the fact that "rounds" change hands without prior reference to the licensing or planning authorities. Very often different trading premises are involved and have to be approved or brought up to standard. There is no doubt that unless there were some form of control some bottled milk would be sold from street pavements or odd pieces of ground here and there, and, generally, be treated as though it were a load of coal. The plea made in previous Reports is once more re-iterated here. Wholesaling dairies should take a much more active interest in milk distribution generally, and storage in particular. They are now in a position to control the channels of distribution, but there is reluctance to follow this up with adequate and strategically situated cold stores. It is becoming apparent that only legislation will force this issue to its logical conclusion.

Inspections of dealers' premises and vehicles were continued as in previous years. This is a well worth while task and lets the dealers see that an active interest is taken in their premises as well as in the milk being sold. A total of 991 inspections were made of premises. Dealers handling larger quantities of milk and raw milk bottlers are visited frequently. Informal action resulted in improvements being effected as follows:—

(i) Provision of milk store	3
(ii) (*a*) Improvement of existing milk store	—
(*b*) Improvement of milk storage..	5
(iii) Decoration, cleanliness, etc. of milk stores	5
(iv) Improvement of cleanliness of vehicles	—
(v) Name and address required on vehicles	22
(vi) Covers on vehicles provided	6

Sampling was continued on the pattern of previous years, with emphasis being given to sources and, of course, untreated milk supplies. If the pasteurising establishments are included, 75% of all samples taken were processed at 17 dairies, of which 6 are in the County area. Milk from the two major dairy groups in this part of the country, namely Northern Dairies and Express Dairies (Northern) Ltd., was sampled on 887 occasions, either directly or through retailers—an indication of the

widespread distribution of their milk. The table below gives the year's figures and results.

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos*	*M.B.*	*Phos.*	
Heat Treated Pasteurised	*1,047	1,120	19	—	1,120
	*54 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	Turbidity				
	Satisfactory		*Unsatisfactory*		
Sterilized	155		—		155
	Methylene Blue				
	Satisfactory		*Unsatisfactory*		
Raw Tuberculin Tested	165*		13		188

* Ten Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

Biological examinations were made of 97 milk samples for tubercle bacilli, all of which were negative, and of 244 samples for brucella abortus, of which one was positive. There was in addition, a positive brucella abortus sample from a school milk supply—out of 12 taken. Producer-retailer samples are included in these particular figures.

With regard to the year's results, the total number of methylene blue test failures is comparable with that of previous years. There was an improvement in Untreated milk failures, 13 in 1965 as against 18 in 1964, but the Pasteurised milk still shows much better results—1.7% failures as against 7.4% for the Untreated samples.

Of the total of 32 failures, 19 were from dealers with "rounds", 12 from shops, and 1 from a Vending Machine, of which there are 4 licensed in the County. One point for satisfaction is that there was not one phosphatase test failure during the year.

The positive case of brucella abortus was dealt with in accordance with the established procedure. The notification goes to the Producer, to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and also to the Medical Officer of Health of the district where the milk was produced. The last has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

The Biological Testing of Milk

A report by the Public Health Laboratory Service was received and considered by the appropriate Committee during the year. It reviews the results of milk samples taken for the examination of tubercle

bacilli during the period 1961 to 1963 and makes two practical points for interested authorities:—

(*a*) The practice of taking a bottle of milk from the milk float has nothing to recommend it and can easily give rise to false negative results. Proper samples can be collected only on the farm.

(*b*) There will still be a limited place for the biological testing of milk and it is suggested that this be confined to the herds of those producer-retailers who sell an appreciable volume of raw milk.

The Committee accepted these recommendations and accordingly resolved (*a*) that the practice of taking a bottle of milk from a milk float be discontinued; (*b*) that the testing of milk be confined to the herds of those producer/retailers who sell an appreciable volume of raw milk.

FLUORIDATION OF WATER SUPPLIES

In Circular 12/63, the Minister of Health gave approval under section 28 of the National Health Service Act, 1946, to the making of arrangements for the addition of fluoride to public water supplies which are deficient in it naturally, to the level appropriate for the prevention of dental decay.

As mentioned in my last Annual Report, the County Council arranged for a Conference to take place in July, 1963, attended by representatives of the 29 County District Councils as well as other interested Bodies, in order to discuss this matter. The County Council have on three occasions resolved in favour of fluoridation, the last time being in July, 1965, without dissent. Discussions are taking place with the appropriate undertakings with a view to the fluoridation of various water supplies which serve the County.

The following is a relevant quotation from Circular 15/65 which was issued by the Ministry of Health on 3rd August, 1965:—

> "The Minister gave his approval for fluoridation after considering the report on the studies begun in this country in 1955 and the advice of his Standing Medical and Dental Advisory Committees, and having regard to the large volume of evidence on the safety and efficiency of fluoridation which experience in other countries has provided. This evidence has continued to grow . . . In the Minister's view fluoridation is now an established and well proven public health measure, which confers benefits to dental (and, in consequence, general) health greatly exceeding the cost of introducing it. He is convinced that it is completely safe. He hopes therefore that all local health authorities will now take steps to make arrangements for its introduction."

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows:—

(*a*) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres; care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

(*b*) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Muncipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix I to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The Table on page 29 shows the position as 31st December, 1965.

Area No.	*County Districts*	*Population*	*Whether Section 111 scheme is operative*	*Proportion of time of Medical Officer devoted to*	
				District Council work	*County Council work*
1	Clay Cross Urban ..	9,290	Yes	Whole-time	None
	Dronfield Urban ..	13,690			
	Staveley Urban ..	18,510			
	Chesterfield Rural ..	104,690			
		146.180			
2		11,800	Yes	8/11ths.	3/11ths.*
	Bolsover Urban ..	44,070			
	Blackwell Rural ..	19,830			
	Clowne Rural ..				
		75,700			
3	Glossop Borough ..	19,080	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,790			
		27,870			
4	Buxton Borough ..	19,530	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban	5,290			
	Chapel-en-le-Frith Rural	18,170			
		42,990			
5	Bakewell Urban ..	4,030	No	Part-time.	None
	Matlock Urban ..	19,500			
	Bakewell Rural ..	18,730			
		42,260			
6	Long Eaton Urban ..	31,900	Yes	7/11ths.	4/11ths*
	S.E. Derbyshire Rural	104,090			
		135,990			
7	Swadlincote Urban..	20,060	Yes	8/11ths	3/11ths*
	Repton Rural ..	41,130			
		61,190			
8	Ilkeston Borough ..	35,240	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	22,820			
	Heanor Urban ..	24,160			
	Ripley Urban ..	17,780			
		100,000			
9	Ashbourne Urban ..	5,700	Yes	6/11ths	5/11ths*
	Belper Urban ..	15,870			
	Wirksworth Urban ..	5,080			
	Ashbourne Rural ..	11,480			
	Belper Rural.. ..	37,550			
		75,680			
10	Chesterfield Borough	70,170	Yes	52%	48%‡

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer/ School Medical Officer.

‡The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water. †	PO	
			Census 1931	
(URBAN)				
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262	
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708	
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028	
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205	
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808	
BUXTON (Borough)	H. E. Nutten, M.B., Ch.B., D.P.H. ..	6,337	16,884	
CHESTERFIELD (Borough) ..	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,160	
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H. ..	2,349	8,781	
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	3,452	6,388	
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,323	20,001	
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482	
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164	
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321	
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596	
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,244	8,626	
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713	
STAVELEY	D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845	
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604	
WHALEY BRIDGE	H. E. Nutten, M.B., Ch.B., D.P.H. ..	3,479	4,860	
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,016	4,855	
TOTALS OF URBAN DISTRICTS ..		98,065	340,291	
(RURAL)				
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661	
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272	
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	48,074	23,106	
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689	
CHAPEL-EN-LE-FRITH ..	H. E. Nutten, M.B., Ch.B., D.P.H. ..	103,393	18,449	
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H. ..	69,139	64,968	
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720	
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438	
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,144	41,097	
TOTALS OF RURAL DISTRICTS ..		537,331	267,400	
TOTALS OF URBAN DISTRICTS .		98,065	340,291	
TOTALS OF WHOLE COUNTY		635,396	607,691	

* Adjusted to make allowance for sex and

† 1961 Census figures as amended by the

Ended 31st December, 1965.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION			Births (Live)	Deaths	*Rate per 1,000 of Estimated Population**		Infant Death Rate per 1,000 Births	*Comparability Factors*	
Census 1951	Census 1961	Esti-mated Mid-1965			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,999	22,820	350	252	16·26	12·48	11·43	1·06	1·13
5,439	5,660	5,700	73	69	14·09	9·32	13·70	1·10	0·77
3,356	3,606	4,030	47	80	13·06	9·13	—	1·12	0·46
15,714	15,552	15,870	224	238	14·96	10·65	31·25	1·06	0·71
10,817	11,772	11,800	187	96	15·05	11·15	—	0·95	1·37
19,568	19,155	19,530	342	256	18·39	10·75	8·77	1·05	0·82
68,558	67,858	70,170	1,213	803	17·63	11·56	23·08	1·02	1·01
8,553	9,163	9,290	133	80	15·03	9·73	45·11	1·05	1·13
7,627	11,303	13,690	337	104	18·96	10·03	17·81	0·77	1·32
18,004	17,500	19,080	344	266	20·20	11·85	26·16	1·12	0 85
24,406	23,870	24,160	398	254	17·30	12·09	17·59	1·05	1·15
33,677	34,672	35,240	616	381	17·65	13·20	16·23	1·01	1·22
28,641	30,476	31,900	592	373	16·38	12·63	18·58	0·99	1·08
17,756	18,505	19,500	331	211	17·15	11·15	3·02	1·01	1·03
8,475	8,514	8,790	173	139	21·06	15·18	40·46	1·07	1 96
18,192	17,617	17,780	277	174	16·67	10·47	3·61	1·07	1·07
17,945	18,070	18,510	305	170	16·64	11·20	29·51	1·01	1·22
20,907	19,221	20,060	309	238	16·48	13·05	16·18	1·07	1·10
5,365	5,290	5,290	88	77	19·30	14·27	11·36	1·16	0·98
4,893	4,931	5,080	100	60	19·49	13·94	10·00	0·99	1·18
361,278	365,734	378,290	6,439	4,321	17·36	11·88	18·17	1·02	1·04
12,019	11,286	11,480	199	117	19·41	10·80	30·15	1·12	1·06
19,282	18,608	18,730	289	249	16·81	12·10	27 68	1·09	0·91
28,193	33,362	37,550	668	388	17·61	10·75	11·98	0·99	1·04
43,112	43,804	44,070	788	432	17·88	11·96	15·23	1·00	1·22
19,006	18,385	18,170	311	229	19·00	11·60	16·08	1·11	0·92
75,745	101,041	104,690	1,835	904	16·83	11·83	17·44	0·96	1·37
19,072	19,780	19,830	359	192	18·47	10·94	27·85	1·02	1·13
31,570	37,565	41,130	666	500	15·57	11·43	13·51	0·97	1·94
75,893	95,647	104,100	2,049	1,008	17·12	12·20	13·18	0·87	1·26
323,892	379,478	399,750	7,164	4,019	17·21	11·56	16·33	0·96	1·15
361,278	365,734	378,290	6,439	4,321	17·36	11·88	18·17	1·02	1·04
685,170	745,212	778,040	13,603	8,340	17·31	11·68	17·20	0·99	1·09

age distribution of population, etc.—see remarks on page 14.

East Midland Counties Order, 1965.

Estimated Number of Houses:—

Municipal Boroughs and Urban Districts	129,043
Rural Districts	131,243

	Municipal Boroughs and Urban Districts		*Rural Districts*	
	No. on Register	*Inspections made*	*No. on Register*	*Inspections made*
Bakehouses	120	645	37	77
Common Lodging Houses ..	2	9	—	—
Dairies	49	232	13	18
Factories and Workplaces ..	1,996	1,902	930	418
Houses Let in Lodgings ..	21	136	—	—
Ice Cream Premises—				
(*a*) Manufacturers ..	17	85	10	54
(*b*) Dealers	1,619	915	1,253	782
Market Stalls	607	5,065	19	399
Milk Distributors	472	384	282	120
Moveable Dwelling Sites ..	58	535	235	1,168
Offensive Trades	10	31	15	154
Outworkers	783	220	289	248
Preserved Food Stores	534	1,517	362	881
Shops	3,502	4,057	1,560	1,743
Slaughterhouses—				
(*a*) Public Abbattoirs ..	1	744	—	—
(*b*) Private..	53	7,538	51	6,838
Knackers Yards	3	43	8	25

Water Supplies

No schemes of water supply have been submitted for Committee consideration during the year under the Rural Water Supplies and Sewerage Acts.

The County is covered either by Water Boards or, in part of the south, by a private company. The following reports from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):—

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains ..	115,057	345,171
No. of Houses supplied from standpipes on mains	—	—
No. of Houses not supplied from standpipes or mains	1,752	5,256

No. of connections made during year:—	
(*a*) existing houses	55
(*b*) new houses	2,487
(*c*) other premises	154

Works carried out by the Board during the year, in addition to the normal extension of distribution mains, were as follows:—

Hartshorne Service Reservoir (Capacity 500,000 gals.)—Completed July, 1965.

12″/9″ Dia. Main—Breamfield Lane—Hognaston.—Completed 16th April, 1965.

12″ Dia. Main, Ladycross—West Hallam—Risley Reservoir—Completed 12th February, 1965.

12″ Dia. Main, Homesford—Breamfield Lane.—Completed 30th July, 1965.

15″/12″9″ Dia. Main, Croft Yard to Stanton Ironworks.—Completed 10th September, 1965.

9″/4″ Dia. Mains, Alvaston—Chellaston.—Completed 19th February, 1965.

9″ Dia. Main Thulston Lane, Aston-on-Trent.—Completed 12th February, 1965.

6″ Dia. Main Smalley Common, Horsley Woodhouse—Heanor Gate.—Completed 27th October, 1965.

6″ Dia. Main, Brassington to Bradbourne.—Completed 17th November, 1965.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H. Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):—

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains ..	93,488	308,800
No. of Houses supplied from standpipes on mains	16	49
No. of Houses not supplied from standpipes or mains	1,390	4,172
No. of connections made during year:—		
(*a*) existing houses	10	
(*b*) new houses	2,044	
(*c*) other premises	23	

Work has started and will continue through 1966/67 on the Board's Manton Scheme, designed for the abstraction, treatment and distribution of 3 million gallons per day from Manton Colliery. Works involved include proportioning tower and lowlift pumphouse, treatment plant and high lift pumphouse, 2 million gallon capacity service reservoir, together with some 9 miles of 18″ diameter, 4 miles of 15″ diameter and 2½ miles of 12″ diameter main. Estimated cost £660,000.

Other works which it is proposed to start in 1966 are listed as follows:—

Modifications to the Stanley Moor Treatment Plant supplying Buxton, estimated cost £12,000.

Replacement of pumping plant at Youlgreave, Blackbrook and Taddington pumping station, estimated cost £8,000.

Rural water supply scheme in the Martinside and Sittinglow area, estimated cost £11,000.

Provision of sludge drying equipment at the Ogston treatment station, estimated cost £15,000.

The changeover of all electrical equipment in part of the eastern area from 30 to 50 cycles, estimated cost £22,000.

The Board have also a number of improvements to the distribution system in hand, together with routine estate development, estimated cost £75,000.

A distance of approximately 18 miles of distribution main was laid within the Board's area during the year ended December, 1965, and during the financial year the length of main scraped and coated will total approximately 13,000 yards.

Sewerage and Sewage Disposal

No schemes of sewerage have been submitted for Committee consideration during the year under the Rural Water Supplies and Sewerage Acts.

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98.8% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 92.0%.

	Municipal Boroughs and Urban Districts		*Rural Districts*	
		Estimated Population Involved		*Estimated Population Involved*
No. of Houses :				
(*a*) connected to sewers	127,462	374,902	120,754	373,775
(*b*) not connected to sewers ..	1,511	4,049	10,458	28,928
No. of connections made during year :				
(i) existing houses	33	—	503	—
(ii) new houses	1,983	—	2,877	—
(iii) other premises	67	—	14	—
No. of conversions of other closets to W.C.s	145	—	245	—

Some notes follow of improvements made, or in progress, in the various districts.

Buxton Borough. New sewer laid for the Ashbourne Road Industrial Site.

Chesterfield Borough. Work continued on extensive additions to the sewage works.

Ilkeston Borough. New foul sewer in Henshaw Place; Kirk Hallam ejection station commenced; relaying of foul sewer in Brook Street commenced.

Clay Cross U.D. Extension of sewer to new housing site in Cemetery Road.

Ripley U.D. Damaged sewer in Heage Road re-laid.

Ashbourne R.D. Clifton sewerage scheme commenced.

Belper R.D. Weston Underwood and Mugginton sewerage scheme in progress.

Chesterfield R.D. Works completed—Long Duckmanton and Arkwright Town sewerage and sewage works; Eastwood Grange, Ashover, sewer extension; North Wingfield, White Leas, flood relief scheme; sewer diversion at Heath (owing to Motorway); sewer relaid at Forge Lane, Killamarsh; improvements to sewage works at Beighton, Locobrook and Wessington. Works in progress:—Barlow sewerage scheme; Shirland sewage works extension; storm water overflow and sewer at Robin Lane, Beighton; new sewer in Newbridge Lane, Brimington.

Repton R.D. Long Lane sewerage scheme completed.

S.E. Derbyshire R.D. Major scheme at Chaddesden almost completed. Work commenced on new outfall sewer at Spondon. Sewer improvements at Repton Road, Breaston, and Morley Moor.

Housing

The year saw further efforts by the Ministry of Housing to assess the slum problem in the country as a whole. In February the local authorities were asked in Circular 11/65 to make a "final estimate of the total number of houses considered to be unfit for human habitation by the standard which they now apply . . ."

In addition, the Minister stated that a Sub-Committee had been appointed to assist him in the problem of identifying slums. If objective criteria could be established slum problems could be reviewed by local authorities on the basis of common standards.

In the meantime, housing improvements have continued. The following table shows that a total of 12,809 houses have been declared unfit from 1955 to the end of 1965, and of these 9,484 have been either demolished or closed; a further 634 properties have therefore been dealt with during the year but there are still some 3,325 awaiting action.

In spite of Ministry pressure, and publicity, the improvement grant scheme makes little headway. This year there were 2,092 grants made. (For a year or two, this figure has stayed around the 2,000 mark).

SLUM CLEARANCE

	Municipal Boroughs and Urban Districts	*Rural Districts*
Estimated No. of houses declared unfit, 1955-1965	6,470	6,339
Total No. of houses demolished or closed 1955 to 31/12/1965	4,961	4,523
During 1965:—		
Houses demolished :—		
(*a*) in Clearance Areas	154	153
(*b*) not in Clearance Areas	183	143
Unfit houses closed	91	23
Unfit houses made fit and houses in which defects were remedied	1,841	797
Unfit houses in temporary use	31	5
Houses in Clearance Areas purchased	31	162

IMPROVEMENT GRANTS

	No. approved for conversion or improvement (Housing Act 1958)	*No. approved for improvement (Housing Act 1959) ('standard grants')*
Municipal Boroughs and Urban Districts	96	1,192
Rural Districts	157	647

IMPROVEMENT AREAS

	Municipal Boroughs and Urban Districts	*Rural Districts*
(*a*) No. declared	7	—
(*b*) No. of houses in declared areas ..	394	—
(i) No. of improvable dwellings ..	228	—
(ii) No. of (i) above of tenanted improvable dwellings ..	146	—
(*c*) No. of houses lacking standard amenities	226	—
(*d*) No. of houses brought to full standard	9	—
reduced standard	—	—

NEW HOUSING

	No. of new dwellings completed during 1965	
	by local authorities	*by private enterprise*
Municipal Boroughs & Urban Districts..	491	1,455
Rural Districts	952	1,729

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	No. of Baths		*Samples taken*	
	Public	*Private (Open to Public)*	*Satisfactory*	*Unsatisfactory*
Municipal Boroughs & Urban Districts	14	5	205	30
Rural Districts	2	2	4	—

Refuse Collection and Disposal

There is little to report on this subject. The shortage of tipping ground continues. Two composting plant schemes were still under consideration at the end of the year and paper sack methods of storage are making no progress. One interesting item is that two authorities in the south of the County have formed a Joint Committee for the proposed provision and use of an incinerator.

The table below gives details of present methods:—

	Collection		*Disposal*		
	Direct Labour	*Contract*	*No. of Controlled Tips*	*No. of Uncontrolled Tips*	*Destructor Works*
Municipal Boroughs & Urban Districts	20	—	23	1	1
Rural Districts	9	—	33	2	–

Meat Inspection

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year:—

	Municipal Boroughs and Urban Districts	*Rural Districts*
	Number killed and Inspected	*Number killed and Inspected*
Cattle, excluding cows ..	20,246	15,829
Cows	13,452	7,465
Calves	498	375
Sheep and Lambs	80,588	52,255
Pigs	53,953	34,835
Horses	—	—

Moveable Dwellings

Judging from the reports received there appear to be few difficulties arising from properly established sites and vans in the County. However, itinerant vans do give rise to complaints and generally speaking the method of dealing with them is to move them on, perhaps to the next district, or further afield.

	Licensed Caravan Sites				*Individual Licensed Vans*
	Holiday		*Residential*		
	Sites	*Vans*	*Sites*	*Vans*	
Municipal Boroughs and Urban Districts ..	12	120	33	353	33
Rural Districts	87	649	102	634	121

Offices, Shops and Railway Premises Act, 1963

The figures below indicate the work that has been done during the year. These and other statistics have to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	*No. of premises registered during the year*		*Total No. of registered premises at end of year*		*No. of registered premises receiving a general inspection during the year*	
	M.Bs & U.Ds	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*
Offices	68	51	876	246	359	125
Retail Shops	173	260	2,157	1,184	973	793
Wholesale shops, warehouses ..	4	7	94	37	29	21
Catering establishments open to the public, canteens	35	71	313	234	136	117
Fuel storage depots	3	16	31	29	12	15
Totals	283	405	3,471	1,730	1,509	1,071

PERSONS EMPLOYED IN REGISTERED PREMISES

Class of workplace	*No. of persons employed*	
	M.Bs & U.Ds	*R.Ds*
Offices	8,187	1,328
Retail shops	10,129	3,885
Wholesale departments, warehouses	1,065	234
Catering establishments open to the public	2,010	1,555
Canteens	131	54
Fuel storage depots	154	88
Total	21,676	7,144
Total Males	8,633	2,811
Total Females ..	13,043	4,333

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

(*a*) general regulatory powers;

(*b*) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

The Chief Alkali Inspector, in his report for 1965, makes the comment that industry has progressed more rapidly in smoke control than the domestic side and now about 75 per cent of smoke comes from homes and only 25 per cent from industry. On the other hand, industry has other problems of air pollution besides smoke.

Increasing industrial production and increased standards of comfort in the home means that more has to be done to keep pace with the problem. The Inspector writes "All the important trends of future growth in this country promise a steadily worsening position unless early action is taken." He urges a two-pronged co-operative approach by local authorities and by the Alkali Inspectorate, but stresses that a co-operative approach does not mean waiting for the other side to make progress.

In the County, progress is slow as far as smoke control is concerned. Only here and there are smoke control orders being made, although it is to be noted that the Minister has refused a Revocation Order at

Bolsover during the year, whilst agreeing to suspension in this and one other case. Readings of deposit gauges, etc., in some of the districts are given below and emphasize the size of the problem still to be tackled.

Station	Readings			
	Total Solids (Tons per sq. mile)		*Sulphur Absorbed (Mg. per 100 sq. cms. per day)*	
	Monthly		*Daily average over each month*	
	Highest	*Lowest*	*Highest month*	*Lowest month*
Bolsover U.D.C.				
Woodhouse Lane	18.61	6.52	—	—
Moor Lane	16.81	8.89	3.21	0.85
Cundy Road	—	—	2.13	0.77
Chesterfield Borough				
St. John's Road Depot	23.04	8.69	2.72	0.73
Sewage Works	21.82	7.67	2.37	0.72
Heanor U.D.C.				
Elnor Street	27.23	5.93	—	—
Matlock U.D.C.				
Dale Road	30.60	20.44	—	—
Staveley U.D.C.				
Hartington Colliery	34.34	12.74	2.82	0.63
Staveley Works Canteen	44.22	14.94	—	—
Chesterfield R.D.C.				
Wingerworth	19.46	7.48	1.82	0.54
Hasland	24.32	5.27	2.66	1.06
Holmewood	16.85	10.02	—	—
Renishaw	41.36	7.07	3.19	1.30
Spinkhill	30.07	4.36	—	—
Barlow	—	—	1.59	0.65

The following is a summary of information supplied by some local authorities relating to atmospheric pollution.

Chesterfield Borough. At the end of 1965 there were four Smoke Control Orders fully operative in the Borough covering a total area of approximately 1,202 acres and embracing 5,017 premises.

In March 1964, the Ministry approved an application by the Council for the temporary suspension of these Orders following complaints by residents in some of the Areas, of alleged inability to obtain sufficient supplies of certain fuels, during the previous winter, and a Special Committee was appointed by the Council to investigate the working of Smoke Control in the Areas. After an exhaustive investigation, the Committee were unable to find any justification for continuing the suspension and Smoke Control was restored in all the Areas on the 1st January 1965. It was established, however, that a certain back-to-back combination range installed in 203 houses in two of the areas, which had been included on the list of approved appliances when the houses were built, was not efficient when smokeless fuels were used,

and application was made to the Ministry for grant aid towards the replacement of these appliances, which was subsequently agreed to. Variation Orders were then made in respect of these two Areas excluding the houses where these unsatisfactory ranges were installed, until they could be replaced.

The Council have deferred expansion of Smoke Control Areas in the Borough until the position with regard to the payment of grants on more efficient appliances capable of burning the harder and more abundant solid smokeless fuel has been clarified.

The Borough Council continues to co-operate with the Department of Scientific and Industrial Research in the national investigation of Atmospheric Pollution, and three daily volumetric recording instruments are in operation monitoring, industrial, commercial and residential areas in the Borough. These are sited at the Electricity Works Brampton, the Town Hall and Newbold Green School respectively. Standard Deposit Gauges to record monthly fall of solid matter and Lead Peroxide Gauges to record sulphur dioxide are also maintained at the Highways Depot in St. John's Road, Whittington Moor and at the Sewage Works, Old Whittington.

There has been a progressive reduction in industrial pollution during the year with the replacement of remaining handfired furnaces by mechanical stokers, and by the increasing use of oil fuel and gas in industrial boiler plants. Prior approval has been given to seven boiler installations under Section 3 of the Clean Air Act 1956 during the year:

Ilkeston Borough. Ilkeston No. 1 (Kirk Hallam) Smoke Control Area was approved in May, 1965, and will become operative on the 1st October, 1966. The total number of premises involved are as follows:—

1,280 Council houses	9 Commercial premises
328 Private houses	2 Schools
318 Stanton Housing Association	4 other premises.

Total area involved—435 acres.

Bolsover U.D. The Council's Revocation Order, made in June, 1964, was the subject of a public enquiry in July, 1965. As a result, the Minister refused to confirm the Order but suspended the Smoke Control Order until 31st August, 1966.

The Minister also asked the Council to press forward with smoke control.

Heanor U.D. The suspended No. 1 (Marlpool Farm Estate) Smoke Control Order 1963, was due to come into operation on the 1st August, 1965, but by resolution of the Council and with the sanction of the Minister of Housing and Local Government the Order was again suspended until 1st August, 1967.

New Mills U.D. An Order preventing the burning of car bodies was ontained as a result of a complaint to the Magistrates, under Section 16 of the Clean Air Act.

Chesterfield R.D. The declaration of Smoke Control Areas has continued and progress is being made in this connection.

Repton R.D. One major complaint about a factory at Hatton has been resolved by the installation of a special type of apparatus to deal with flue gases.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1965 there were 204 Midwives on the County Roll—ninety-eight were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; ninety-two were County Midwives, and fourteen were County Home Nurse/Midwives.

Records Received.—The following table gives the records received, with corresponding figures for the previous five years:—

	1960	1961	1962	1963	1964	1965
Records received :—						
Medical Help	542	463	417	366	339	404
Stillbirths	112	108	105	92	85	72
Deaths of Children	44	54	51	51	35	45
Deaths of Mothers	3	—	—	1	1	—
Laying out the dead	12	16	—	—	—	—
Liability to be a source of infection	30	25	23	24	25	32
Puerperal Pyrexia—Midwives' Cases	9	9	6	7	7	9
Ophthalmia Neonatorum—all cases	2	4	4	1	8	3

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage".

The following table shows the total number of cases of puerperal pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52
1959 ..	20	12,154	1.64
1960 ..	17	12,546	1.35
1961 ..	17	12,575	1.35
1962 ..	10	13,527	0.70
1963 ..	12	13,465	0.89
1964 ..	14	13,705	1.02
1965 ..	9	13,819	0.65

Maternal Mortality

The maternal mortality rate for the whole County for the year 1965 was 0.072 per thousand live- and still-births. The following table gives the maternal mortality rate in the County since 1951.

Year	*Rate*
1951	1.028
1952	0.749
1953	0.55
1954	0.75
1955	0.38
1956	0.62
1957	0.51
1958	0.51
1959	0.41
1960	0.33
1961	0.32
1962	0.30
1963	0.30
1964	0.22
1965	0.072

A Summary of a Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960, prepared by the Standing Maternity and Midwifery Advisory Committee for the Central Health Services Council and the Minister of Health, dated April, 1964, has the following to say on the "Prevention of Maternal Deaths":—

> "The greatest number of lives could be saved by better ante-natal care and a proper selection of cases for both home and hospital confinement. A programme which covers normal pregnancy but is flexible enough to allow for more frequent and, if necessary, more expert supervision is essential. The results of examinations, must be assessed both individually and in relation to previous examinations, and where care is shared by several individuals, each must be aware of the findings of the other.
>
> The real purpose of the enquiry is to discover ways and means by which the maternal mortality, which has fallen dramatically over the past 30 years, can be further reduced. This may be assisted by advance in knowledge but these reports have brought out the fact that the most important contributions could be made by the application of knowledge already available, the proper selection of cases for hospital confinement and better ante-natal care.
>
> It is preferable to consider the proper selection of cases for home confinement than of the selection of cases for hospital. The wishes of the patient must of course be respected, but every effort must be made to persuade patients at special risk to accept hospital care.
>
> The scope of ante-natal care has been progressively extended. Its object is to maintain the physical and mental health of the mother during pregnancy and to ensure that any suspected or proved abnormality is detected and treated without delay. In doing this the doctor, the midwife, the L.H.A. clinic and the hospital may all play a part and it is essential that the fullest co-operation is established between them all."

Ophthalmia Neonatorum

During the year, three cases of ophthalmia neonatorum were notified. All were treated in hospital and the vision was unimpaired in every case.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1965 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston..	22 Medical and Surgical Cases.
Craig Lea Nursing Home, 2 Victoria Road, Pinxton, Notts.	7 Medical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

NURSERIES AND CHILD MINDERS (REGULATION) ACT 1948.

During 1965 seven applicants were granted Certificates of Registration to be Child Minders, and ten were granted Certificates of Registration of Day Nursery premises, bringing the total up to nineteen Registered Child Minders, and fourteen Registered Day Nurseries with a total of 195 approved places. All are registered to care for children over the age of two years.

THE NURSES AGENCIES ACT, 1957

This Act provides that "a person carrying on an agency for the supply of nurses shall, in carrying on that agency, only supply (*a*) registered nurses; (*b*) enrolled assistant nurses; (*c*) certified midwives; (*d*) such other classes of persons as may be prescribed."

Every person to whom a nurse is supplied by an agency is to be given a statement in writing of the qualifications of the person supplied, and such agencies are not to be carried on unless the selection of the person to be supplied for each particular case is made by or under the supervision of a registered nurse or a registered medical practitioner. The main provision of the Act affecting the County Council is that no person shall carry on an agency for the supply of nurses unless he is the holder of a licence issued by the local authority authorising him to do so. During 1965, one licence was authorised for issue by this Authority to Mr. Stanley Bird of the "Private Nursing Service (Derby)" operating from 15 Charles Avenue, Spondon, Nr. Derby.

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, since that time, apart from the war years. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this progress.

The following table shows the number of new cases and deaths in 1914 and thereafter at ten-yearly intervals to 1965.

TUBERCULOSIS

	Respiratory		*Non-Respiratory*	
	New Cases	*Deaths*	*New Cases*	*Deaths*
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1964	171	24	26	2
1965	145	29	30	3

New Cases during 1965.

The number of cases of tuberculosis notified during 1965, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-respiratory forms of the disease, are shown in the following table:—

Age Groups ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total All Ages*
Respiratory—														
Males	–	1	3	6	3	6	2	6	9	17	25	6	6	90
Females.. ..	–	–	–	4	4	9	7	6	12	6	4	3	–	55
Non-Respiratory—														
Males	–	–	–	1	1	2	1	3	3	3	1	–	–	15
Females.. ..	–	1	–	1	–	–	2	5	1	4	1	–	–	15
Total ..	–	2	3	12	8	17	12	20	25	30	31	9	6	175

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary :—

SUMMARY OF NEW CASES FOR THE PAST TEN YEARS.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Respiratory										
Males	195	212	209	184	175	144	97	104	113	90
Females	126	119	105	83	92	68	56	64	58	55
Totals	321	331	314	267	267	212	153	168	171	145
Non-Respiratory										
Males	23	25	18	12	19	21	18	16	3	15
Females	28	31	34	28	16	29	22	18	23	15
Totals ..	51	56	52	40	35	50	40	34	26	30
Total Pul. and Non-Pul. ..	372	387	366	307	302	262	193	202	197	175

Deaths from Tuberculosis.

The following Table gives details for the last five years :—

	1961	1962	1963	1964	1965
Respiratory	29	33	27	24	29
Non-respiratory	8	3	5	2	3
	37	36	32	26	32

The death rate per 1,000 of the population during each of the last five years is as follows :—

	1961	1962	1963	1964	1965
Respiratory	0.044	0.044	0.040	0.031	0.037
Non-respiratory	0.012	0.004	0.007	0.003	0.004
	0.056	0.048	0.047	0.034	0.041

The provisional figure for England and Wales supplied by the Registrar General for 1965 is 0.048 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last seventeen years.

Year	*New Cases*	*Deaths*
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37
1962	193	36
1963	202	32
1964	197	26
1965	175	32

1949 was not only the first full year of operation of the National Health Service Act, but also the last year when the annual deaths from tuberculosis were over 200.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

ANTE-NATAL SCHEME

Twenty-three Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, ten in Urban Districts and six in Rural Districts. Twenty-two of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows :—

ALFRETON .. County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.

ASHBOURNE .. Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.

BELPER	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m
BOLSOVER ..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON ..	County Council Clinic, Bath Road, Buxton. (Sessions suspended owing to lack of demand)
CHADDESDEN ..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD	County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS ..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	County Council Clinic, The Grange, Dronfield. Each Tuesday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	County Council Clinic, Gosber Street, Eckington. Each Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE ..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP ..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE	County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.
ILKESTON ..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON ..	County Council Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK ..	County Council Clinic, Lime Grove Walk, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK ..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE	County Council Clinic, Civic Centre, off Midland Road, Swadlincote. (Sessions suspended owing to lack of demand)

The following are the number of sessions and attendances at all the Ante-natal Clinics during 1965:—

Half-day Sessions	1,213
Number of New Cases	2,073
Total number of attendances ..	7,659
Post-natal visits	179

Routine X-Ray Examinations of Expectant Mothers

A communication from the Sheffield Regional Hospital Board in July, 1959, intimated that, following consideration of the Interim Report of the Adrian Committee on radiological hazards to patients, the routine x-raying of expectant mothers at the Mass Miniature Radiography Centres would be discontinued. Arrangements were, therefor, made for full size films to be taken when carrying out routine x-ray examination of these patients. At the time of drafting this report, however, a further letter has been received from the Sheffield Regional Hospital Board, stating that the Board have accepted the following recommendations of the Professional Advisory Committees concerned with the question of routine chest radiography in pregnancy—(i) that no chest x-ray examination should be undertaken where the mother is known to have had BCG vaccination or a chest x-ray within the previous two years (ii) all recent immigrants should be x-rayed routinely in pregnancy between the fourth and sixth months of pregnancy; and (iii) the practice of routine chest x-rays should be continued in certain areas where the incidence of positive findings is known to be high. When it is necessary for an expectant mother to have a chest x-ray, it should not be carried out with the mass miniature technique, but full size films with strict limitation of field size be used.

Ante-Natal Care Related to Toxaemia

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fornight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing

Since 1957, the Maternal and Child Welfare Medical Officers have been supplied with Sahli Haemoglobinometers, so that haemoglobin estimations may be made. During the year under review, consideration was given to replacing these with equipment permitting more accurate estimations. It was decided to provide the Medical Officers with MRC Grey Wedge Photometers, and these were received early in 1966.

Ferrous sulphate and ferrous gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh. factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-natal Records—Each patient attending the clinic receives a standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes

By the end of 1965 classes were being held at the following County Council Clinics:—

Alfreton; Belper; Bolsover; Buxton; Chaddesden; Chapel-en-le-Frith; Chesterfield; Clay Cross; Clowne; Derby; Dronfield; Eckington; Frecheville; Glossop; Hackenthorpe; Heanor; Ilkeston; Long Eaton; Matlock; New Mills; Ripley; Shirebrook; Staveley and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife:—

(*a*) the preparation for the confinement;
(*b*) the stages of labour and the normal delivery;
(*c*) the administration of analgesia with demonstration of gas and air and trilene machines;
(*d*) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:—

(i) diet and nutrition in pregnancy;
(ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
(iii) the preparations for the baby including layette, cot and pram;
(iv) care of the baby including feeding;
(v) the post-natal examination;
(vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
(vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence

there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital ante-natal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1965, seventy-eight Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available providing arrangements are not left until the last moment. In most cases, however, applications are based on social need. Where insufficient beds are available for all applicants such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a hospital or Maternity Home bed.

Consultant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hrs. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances:—

	Bed Bureaux		*Other Hospitals*
	Derby	*Chesterfield*	
Suitable for home confinement ..	26	31	7
Hospital accommodation desirable but not essential	137	250	65
Home conditions unsuitable and hospital confinement necessary	75	330	128
Miscellaneous visits (i.e., cancellations miscarriages, removals from district, etc.)	13	15	7

CHILD WELFARE CENTRES

During 1965, no new Child Welfare Centres were opened in the County, or in Chesterfield Borough, and the total remains at 110 as in the previous year.

The number of sessions and attendances at the Child Welfare Centres during 1965 are set out below:—

Half-day sessions	5,521
Number of children who attended during the year and were born in:—	
1965	10,106
1964	10,008
1963-60	9,016
Total number of children who attended during the year	29,130
Total attendances during the year ..	212,610

CARE OF PREMATURE INFANTS

(i.e., babies weighing 5½ lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. They relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority. The figures for 1965 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—	
(*a*) In Hospital	648
(*b*) At Home or in a Nursing Home ..	125
Total	773
Number of premature still-births notified (as adjusted by transfer notifications):—	
(*a*) In Hospital	113
(*b*) At Home or in a Nursing Home ..	3
Total	116

Of the 648 premature babies who were born in hospital 46 died within twenty-four hours of birth and 584 survived twenty-eight days.

Of the 125 born at home or in a nursing home, 31 were transferred to hospital on or before the twenty-eighth day, and 94 survived twenty-eight days.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid. The equipment is issued in units, each comprising a cot, including two cot linings; a mattress; four cot blankets; one feeding bottle; one mucus catheter; two hot water bottles; one hot water bottle cover; one mackintosh sheet; one thermometer one set of premature infant's clothing (two vests, one gown without hood, and two gowns with hood).

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate:—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Mrs. E. M. Gilbert,
Supervisor of Midwives,
County Council Clinic,
Bath Road,
Buxton.
Day—Buxton 4451.
Night—Buxton 2620.

Southern part of the County

Miss P. Richards,
Supervisor of Midwives,
County Council Clinic,
Cathedral Road,
Derby.
Day—Derby 45934.
Night—Horsley 517.

Chesterfield Borough only

Mrs. M. C. Rhodes,
Supervisor of Midwives,
Town Hall, Chesterfield.
Day—Chesterfield 77232.
Extn. 256.
Night—Chesterfield 2909.

Phenylketonuria

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be

much more manageable, losing a troublesome restlessness; fits, if present cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the doctors of patients concerned are notified of any positive results.

In May, 1961, arrangements were made for Health Visitors to test the urine of all the babies in their areas, generally as soon as they reached three weeks of age. A Special Conference appointed by the Medical Research Council commenced in 1960 investigating various scientific and administrative questions in connection with the early diagnosis and treatment of phenylketonuria, and in their final Report published in 1963 they expressed the view that the fourth week of life is probably the optimum time for testing and that a test at the sixth week probably safely detects most cases. But, to avoid all possibility of doubt, the Report suggested that, where practicable, a system of two tests might be employed: one to be carried out about the 10th-14th day of life, and one later, at the discretion of the local authority concerned but preferably between the fourth and sixth week. The Health Visitors were requested to carry out these tests accordingly. In order to relieve the Health Visitors of some of the extra work involved, however, the Authority's domiciliary Midwives were asked to carry out the test on the tenth day on the urine of babies delivered by them at home, and to ensure that the result of the test is made known as soon as possible to the Health Visitor concerned.

I wrote the following letter to the County Council's medical and health visiting staff on 22nd April, 1965:—

"*Testing for Phenylketonuria after Infancy*

The following is a copy of a letter that appeared in the *British Medical Journal* on 17th April, 1965, over the signature of Sir Alan Moncrieff, the Chairman of the Medical Research Council's Working Party on Phenylketonuria:—

> "Sir,—While the scheme for the routine testing of urine of young babies for phenylpyruvic acid is proceeding reasonably well, there is evidence that this is not always carried out in routine urine testing of older children. Some hospital centres carry out the appropriate tests on routine samples of urine provided for tests for albumin and glucose, but this may only occur in selected clinics, usually in the general medical outpatient clinics or in the medical wards, and the practice is by no means universal, especially as fresh specimens are essential for the detection of the volatile phenylpyruvic acid. Certain categories of children are definitely at risk. These are children with eczema, fits, or mental retardation. Siblings of children known to have phenylketonuria should obviously be investigated, but they should have serum-phenylalanine estimations performed. Examination of urine for phenylpyruvic acid is too unreliable in this situation.

Perhaps one reason for neglecting to carry out tests in older children is the mistaken impression that nothing can be done for them. This is not a general experience. Some children after infancy will show a rise of 15 to 20 points in their intelligence quotients after they have been placed on a phenylalanine-restricted diet, and some do even better. This may lift them from being classified as unsuitable for education into the educationally sub-normal category. A few may even attend ordinary schools. All children in hospitals for the mentally handicapped, those attending training centres, and those in schools for the educationally sub-normal should have their urine tested, as this may lead to early detection of phenylketonuria in a younger sibling. In any scheme at any age some affected children may be missed, but clearly detection would be improved if as many children as possible are tested."

Perhaps the Medical Staff will kindly bear in mind his recommendations when they are carrying out their medical examinations, as well as the Health Visitors when an opportunity arises for them to examine the urine."

One positive reaction was obtained towards the end of 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital. In 1962, a child was tested at $3\frac{1}{2}$ weeks of age and was found to be 'negative.' He was admitted to hospital in 1965, with phenylketonuria. It was understood from the Consultant Paediatrician that there are eight other children in the same family who are unaffected.

WELFARE FOODS

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Ante-Natal Clinics and Child Welfare Centres which are sold at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tabs. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Welfare Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocation of all Welfare Foods available at Child Welfare Centres are as follows:—

Product	*Price* s. d.	*Allocation*	
Adexolin	10	1 bottle per week	Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
Ostermilk ..	3 3	1-3 packets per week	
Ovaltine ..	2 2	1 tin per week	
Rose Hip Syrup ..	1 9	1 bottle per week	
S.M.A. ..	5 6	1-3 tins per week	
Virol	1 10	1 carton per week	
Lactagol ..	2 7	1 packet per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
Ovaltine ..	2 2	1 tin per week	
National Dried Milk ..	2	4 & milk token	Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4	0 at full price	
Orange Juice ..	1 6		
Cod Liver Oil ..	1 0		
Vitamin A & D Tablets ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1965:—

	National Dried Milk Tins	*Cod Liver Oil Bottles*	*Vitamin A. & D. Packets*	*Orange Juice Bottles*
Issued against coupons—				
(*a*) By stamps	503	—	—	—
(*b*) by cash	79,415	—	—	—
(*c*) free	2,789	777	117	3,348
Issued to :—				
N.H.S. Hospitals ..	629	18	—	788
Day Nurseries	19	342	—	392
Issued at full price :— ..	19,717	10,409	17,096	159,498
Totals	103,072	11,546	17,213	164,026

During the year arrangements were made for National Welfare Foods to be issued from shops at Hartington and Newbold, while the Voluntary Centres at Barlow, Duffield and Goseley were discontinued.

The number of types of distribution centres serving County residents are given below:—

Location	*At County Council Clinics or Child Welfare Centres*	*At other Premises*
Chapel-en-le-Frith R.D. ..	5	3
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	1
Buxton Borough	3	—
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	2
Ashbourne U.D.	1	1
Repton R.D.	4	11
Swadlincote U.D.	1	—
Chesterfield R.D.	21	2
Chesterfield Borough ..	9	—
Bolsover U.D.	2	—
Staveley U.D.	3	2
Clay Cross U.D.	1	—
Dronfield U.D.	2	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	3	5
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D.	14	3
Ripley U.D.	3	—
Heanor U.D.	2	1
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals	108	54

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN

Mr. H. E. Gray, the Senior Dental Officer, has provided the following report:—

"The amount of time devoted to dealing with expectant mothers and pre-school children was the equivalent of 132 half-day sessions. Due to staff changes, this was three-quarters of the time for the previous year and consequently the numbers treated and the amount of treatment carried out was less, especially in the case of the mothers, who generally require much more time per patient than the children.

Twenty-seven mothers were inspected, 19 of whom commenced courses of treatment and 17 had the treatment completed. The principal items were fillings, extractions and the fitting of 7 dentures.

Of 800 pre-school children inspected, 460 were treated and 400 had courses of treatment completed. Extractions, at an average of a little over one per patient, numbered 500, and for this work 250 general anaesthetics were administered. Over 100 teeth were preserved by fillings and 1,000 by chemical dressings and trimming to give self cleansing surfaces.

Again it is gratifying to note that many of these children were brought to the clinics for regular check-ups and not on account of toothache. Some accompanied older members of the family at school, on their regular visits. This feature of all members of a family attending together is always encouraged.

As part of the dental health campaign, special efforts are made to interest the parents in these young children in the care of their teeth. At the first visit for a course of treatment, the state of the teeth is explained to the parent and suitable printed information supplied for home guidance."

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review:—

1.	Number of illegitimate births known to the Welfare Authority for the period 1st January, 1965 to 31st December, 1965	308
	Number of unmarried mothers	271
	Number of married mothers	28
	Number of widows	6
	Number of divorcees	3
2.	The number in which the mother and child:—	
	(*a*) returned to live with mother's parents	125
	(*b*) returned to live with relatives	8
	(*c*) found or were helped to find lodgings where they could live together (of these 35 went to Borrowash House Mother and Baby Home and 7 to The Firs, Bakewell)	46
	(*d*) living in their own homes	15
	(*e*) had to separate (i) the child going to the care of a foster mother	6
	(ii) the child going to a Residential Nursery	3
3.	The number of illegitimate children who had been or were being legally adopted	43
4.	The number of mothers who have married since the birth of the child	9
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	52

6. The number of illegitimate children who have died during the year 1
Still-births .. .. —

During the year under review 70 unmarried mothers, included in the total of 308 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £3 4s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefits from the Ministry of National Insurance or the National Assistance Board, which leaves her with 16/- per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms:—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report).

Medical Officers should report on the whole field of their work, including the following subjects:—

(1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.

(2) Cleanliness and communicable diseases.

(3) Immunisation procedures:—
(i) diphtheria immunisation;
(ii) whooping cough vaccination, etc.;
(iii) poliomyelitis vaccination.

(4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.

(5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.

(6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

(7) Exfoliative Cytology.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples:—

(*a*) Observations on the premature baby.

(*b*) The incidence of breast feeding.

(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc., and their relation to children classified as "at risk".

(*d*) The early detection of mental defects.

(*e*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.

(*f*) Problem families and evidence of child neglect.

(*g*) Accidents at play and in the home.

(*h*) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised."

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare, reports as follows:—

"*Congenital Abnormalities:* 142 children have been notified to the Ministry of Health as having congenital abnormalities. Of these, 25 were still-born and 22 died in the first week of life. Classifying each case according to the major deformity present they fell into the following categories:—

Central nervous system ..	47
Eye, ear	4
Alimentary system	11
Heart and great vessels ..	7
Uro-genital system	3
Limbs	51
Other skeletal	6
Other systems	8
Other malformations ..	5
Total ..	142

Since the notifications have been restricted to those defects diagnosed at birth, a high proportion are abnormalities of the central nervous system and of the limbs which are readily diagnosed in the new born infant. Some of the defects of the limbs, such as polydactyly and syndactyly, will not lead to any degree of handicap. The defects of the nervous system are frequently accompanied by other defects and the child will often be handicapped to some extent throughout life.

The hospitals, General Medical Practitioners and Midwives have co-operated in supplying the information. Cases in which the diagnosis was doubtful have not been included.

Particulars of congenital abnormalities diagnosed after birth which are liable to handicap the child in later life are kept on the Handicapped Register: 98 children born in 1965 were put on this register.

Ante-Natal and Cytology Clinics

There has been a slight increase in the number of patients attending Ante-Natal Clinics. The demand for mothercraft and relaxation classes continues to increase.

Patients can attend all the County Clinics to have cervical smears taken. The numbers have steadily increased throughout the year so that in many Clinics an appointment system has been instituted. The majority of patients attending have been from the higher social groups.

Information about the tests has often been obtained through one of the Women's organisations. Patients with large families in the lower social groups either do not hear the propaganda or are deaf to it. 1,807 tests have been carried out; of these 16 were referred for further investigations. Tests are carried out with the permission of the patient's General Medical Practitioner and a copy of the pathological report is forwarded to him so that he can inform the patient of the result.

Midwifery. There has again been a fall in the number of domiciliary confinements and an increase in the number of maternity patients discharged from hospital before the 10th day. Many of these patients have been discharged within 48 hours of delivery. An increasing number of planned early discharges are taking place. Many mothers are asking to be kept in hospital for the minimum period. The point at which this arrangement is most liable to break down is the notification of the patients discharged from hospital to the domiciliary staff. The most satisfactory way from the Domiciliary Midwife's point of view is to receive information about the patient direct from the hospital but this is not always possible and delays have occurred due to administrative difficulties.

Nursery and Child Minders Regulation Act.

The majority of child-minders and nurseries registered under the above Act, care for children between the ages of $2\frac{1}{2}$ and 5 years for two to three hours on several mornings each week. One purpose-built nursery cares for children over the age of $2\frac{1}{2}$ years for a full day and one child-minder looks after children from 9 a.m. to 4 p.m. each day. Most of the playgroups are run by committees of interested mothers, many of whom are trained teachers or nurses; others are run by people with nursery training.

There is a demand from all parts of the County for facilities of this sort for children aged from 3 to 5 years. Parents express a wish for their children to become used to mixing with other children before attending school. In some areas mothers find it difficult to allow their children out to play outside because of the lack of open spaces and the danger of traffic on the roads. These playgroups perform a useful function, but the facilities available are limited due to financial considerations, and the staff running them have not the training and experience of staff in Day Nurseries."

Dr. E. M. Bedford:—

"1. The general health and nutrition of the children I have examined, and the level of mothercraft has been high. The few exceptions to this have generally been due to low intelligence and inadequacy on the part of the mother, rather than to deliberate neglect.

2. The state of cleanliness is generally high. Very little communicable disease is seen in Infant Welfare Clinics. I have seen one case of impetigo, and one of chicken-pox.

3. Mothers are anxious to take advantage of the immunisation procedures offered.

4. The role of the Medical Officer and Health Visitor in Health Education is a very important one. Mothers are most appreciative of help and guidance at both Ante-natal, and Infant Welfare Centres. A young mother can find the first few weeks of a baby's life very worrying, she often feels the responsibility very acutely. She is bombarded by conflicting advice from many sources, including the high-pressure advertising of patent baby-foods, medicines, and vitamins: she gets advice from well-meaning relatives and friends, and from articles in Women's Magazines. She often arrives at the clinic confused and concerned that she may not be doing the "Proper Thing" for her baby. In these cases some simple, consistent, informed, and unbiased guidance can be a great relief to the mother.

I would like to say a word about the use of plastic pants. Many mothers have become convinced that it is quite normal to allow a baby to wear these garments twenty-four hours a day. It clearly makes a lot less washing, but I wonder if they have ever considered how they would feel if they were forced to sleep in a thick, wet, urine impregnated nappy, with a pair of rubber pants on top, making sure that all the steam and moisture was held as near to the skin as possible. A baby's skin has no special protection against prolonged bathing in urine; on the contrary, it is very sensitive. I have seen babies whose bottoms were raw and blistered, brought to me wearing plastic pants. In my opinion, they should be for day-time use only, preferably only when the baby is being taken out, or on special occasions. The nappy should be changed even more frequently when pants are being worn than when they are not. A supply of small easily washed and quickly changeable sheets should be a part of every baby's layette, at least the urine that is spreading out over the sheet and wetting it is not bathing the baby's skin. A rubber sheet can of course be used to protect the mattress.

5. I have found very few non-attenders at ante-natal clinics: in the majority of cases a letter making a second appointment, or a visit from the midwife has been sufficient.

Exfoliative Cytology: This method for the early detection of Cancer of the Cervix has been made available in the clinics throughout Derbyshire this year. This test must surely be the greatest boon to women of this decade. The number coming forward is increasing fairly rapidly in some districts, although it was noticeable that the highest initial response was from women in Social Groups I and II, and unfortunately this form of cancer is commonest in Social Groups IV and V, so that it may become necessary to make a greater effort to get this group of women included.

Of the Positive results obtained at my own clinics, it has been most noticeable that the women concerned were comparatively young, aged between twenty-seven and thirty-nine: mothers of young families whose lives could ill be spared. Many of the women attending have expressed their great appreciation of the availability of this test, and of

the fact that it has become available in Derbyshire, before it has done in so many other parts of the country.

The early detection of physical and mental defects seems to me to be one of the most important aspects of Infant Welfare Work. Routine examination of the newborn does not necessarily show up all these defects, but the repetition of this examination at three, six and twelve months may well do so, and these examinations are not routinely carried out elsewhere than at an Infant Welfare Centre. Most important are the tests for Phenylketonuria, which are carried out on all babies, Ortolani's test for Congenital Dislocation of the Hip, and the early detection of deafness and blindness.

In a Congenital Heart Lesion, the characteristic murmurs are not always present at birth, but may be detected by later routine examination, or by the investigation of a feeding problem.

Mental Defect can be recognised much earlier when a fairly close watch is kept on the ages at which a baby passes the normal "milestones" of holding his head up, sitting, talking and walking, etc., and by the use of the same criteria mild degrees of spasticity can be recognised and treated. The Infant Welfare Clinic where the child is seen every week or every fortnight is in a unique position for carrying out this work."

Dr. E. M. M. Murphy:—

"*General Health and Nutrition of the Children.*

This continues on the whole to be satisfactory.

I think I have achieved some success in my attempt to educate the mothers on the subject of over-feeding and over-weight. Many mothers now come to me and say—"my baby seems to be so heavy, am I feeding it properly?" This is a great change from some years ago—when mothers felt I was grossly insulting them if I mentioned over-weight.

It has been discovered that whereas years ago, diabetes was a disease of the wealthy classes, and was relatively rare, today, it is a very common disease and effects all sections of the community.

There is no doubt that many members of the community live on a diet which contains too much starch—many of the ready-cooked goods are over sweetened, drinks like fruit squashes and black currant juice contain far too much sugar, and the amount of money parents spend on sweets for the children is really fantastic.

In some homes so much money is spent on hire purchase that there is not enough to buy the necessities of a good balanced diet, i.e. sufficient meat, especially for toddlers.

Milk in many households seems to be in short supply, yet money is spent on expensive toys, etc: it is all a matter of values, surely.

Cleanliness of Mothers and Children: Good, on the whole, but now and then one sees evidence of carelessness.

Communicable Diseases: Very rarely seen at Infant Welfare Centres.

At Ante-Natal Clinics—especially since I have started to do cytology—I have found many cases of trichoinad vaginalis infection; also, monilial infections of the genital tract—so I think, taking cervical smears as a routine procedure is a valuable way of detecting infections that would otherwise not be diagnosed.

Immunisations:

There is a very good response to immunisation with the Triple Antigen at most Clinics and also to the Polio Immunisation Scheme.

Health Education at Ante-Natal and Infant Welfare Centres

This remains a very important topic. I am convinced now that nothing can replace the individual, personal teaching of each mother, or mother-to-be, where health is concerned. To the majority of patients coming to the Clinic, posters mean very little. I think this is a tendency in all walks of life. We rarely read notices on walls and, therefore, do not take in much of what is said.

I have had a very good response at the Ante-Natal Clinics to continuous teaching of how excessive weight gain in pregnancy is related to toxaemia.

After 5½ years at these Ante-Natal Clinics, I find I never have to send a patient for admission to hospital for the treatment of toxaemia. By insisting that the patient does not gain more than 1 lb. per week—especially in the early months of pregnancy—I find it is possible to eliminate raised B.P.'s and oedema.

All patients co-operate well, and realise that they feel better when not so heavy.

Follow up of Patients at Ante-Natal Centres: We get few defaulters, and these we are able to follow up successfully.

Liaison between Hospitals, G.P.'s and the Local Authority: Very good.

Exfoliative Cytology: There has been a satisfactory response to the starting of this service in all my Clinics, with the exception of Ripley Clinic. But, now, even there, a few patients are beginning to come since the publicity given on T.V. and the National Press some weeks ago, there has been a marked increase in attendances.

Incidence of Breast Feeding

The majority of mothers prefer to bottle feed.

Bronchitis occurs more frequently in the over weight baby.

I do not see much evidence of child neglect.

Anaemia in the Ante-Natal Period

Since most of my patients come early to the Ante-Natal Clinic and therefore receive iron therapy from the beginning of their pregnancy, I do not see much anaemia in pregnancy.

I would like to conclude my report by again paying tribute to the very valuable work done by the Health Visitors and the Midwives at

all my Clinics, to their valuable co-operation with me in starting the Cytology Service, and of course to Dr. Osborne and his staff at the laboratory for all the work they are doing in this valuable service."

Dr. Muriel M. Helme Sutcliffe:—

"A. **Infant Welfare Clinics**

Attendances at these Clinics are not completely comparable with last and previous years owing to changes in work schedules this year with more Ante-Natal Clinics (5-7) and fewer I.W.C. (11-7). On the whole numbers have increased especially in regard to polio immunising and small-pox vaccination (53-80), for which there now seems to be a greater routine demand. Triple is now frequently given by G.P.

In many cases bad weather conditions (fog, rain, snow or ice) caused a decrease in attendances and routine examinations have not been possible owing to unsuitability of some Clinic premises in winter.

Premises in most Chapel, Church or other rented buildings continue to be unsatisfactory because of:—

1. Inadequacy of heating and burst pipes (impossibility of undressing babies).
2. Lack of adequate hand-washing facilities.
3. Lack of pram shelters.
4. Cleanliness.

(1) *General Health and Nutrition* is usually good but some infants are still overweight, usually due to excessive carbohydrates and frequent "nibbling" snacks. Since however most of the milk powders are now supplemented with vitamins A and D there is less likelihood of the development of Rickets. There have been fewer cases of nappy rashes which may be a result of warnings concerning the use of detergents (and inadequate rinsing). There is still a large amount of infantile respiratory disease and few attend for routine "follow up" medical examinations.

(2) *Cleanliness* is generally good but few of the real problem mothers attend the Clinic.

Epidemics of Measles, Rubella, Chicken-pox and probably attenuated Pertussis in immunised infants have occurred in the area but no cases were actually seen at Clinics.

(3) *Immunization* procedures continue but as many general medical practitioners now give the Triple themselves and refer to the I.W.C. for Polio these numbers have fallen somewhat. Booster doses of Triple at about 2 years are given. Immunisation cards are increasingly popular especially by staffs of hospitals. Small-pox vaccination is being increasingly requested. Many mothers are given Polio immunisation (initial) at the same time as their children.

(4) *Role of doctor at I.W.C's and A.N. Clinics,* is that of individual advice—any group education is carried out by Health Visitors.

(5) *Ante-Natal Clinics*

Non attenders (of which there are few) are followed up very satisfactorily by Midwife or Health Visitor.

Attendances at A.N. Clinics have continued at approximately last year's lower figures, due to G.P.'s taking over of A.N. care and post natal examinations—as a result very few attend for this quite important examination, when cytology smears could also be taken.

Frecheville and Hackenthorpe A.N.C's attended in the latter part of this year show a considerable increase in numbers due to influx of families from Sheffield to the new housing estates in these areas. Consequently a fortnightly Clinic here is becoming too infrequent, apart from the inadequacy of such a 2 week Clinic interval in regard to good obstetrical care in late pregnancy.

Numbers attending are as follows:—

	1962	1963	1964	1965	
New Patients ..	337	284	238	253	
„ „ blood only	14	20	16	30	
Old Patients blood only	1,863	1,630	1,408	1,541	
Post Natal	62	55	36	51	
Polio	307	176	51	84	
Individual Clinics—new patients					
Dronfield	54	50	36	33	
Clowne	83	66	53	40	
Staveley	68	50	54	53	
Clay Cross	102	102	86	65	
Bolsover	30	13	9	15	
Hackenthorpe ..	?	?	?	38	since March
Frecheville	?	?	?	5	„ October

(6) *Liaison between Scarsdale and my Clinics* is very good both in regard to Consultants and A.N. Clinics and Co-operation Cards and there are no difficulties in regard to either medical or social bookings—but the Sheffield area bookings are not so easy and some of the recent transfers are providing problems in regard to bookings on social grounds in later pregnancy. Early discharge home is not always to the good of the mothers with large families or those with inadequate family support—the Home Helps are some solution but their usual duty roster of 9-4 p.m. leaves a gap for child care, both before and after school.

Some resistance to hospital booking is still shown by multiparas (especially those of 5 paras and over) and these are still being booked for domiciliary delivery by midwives.

(7) *Exfoliative Cytology at Ante-Natal Clinics*

This service is in increasing demand and several of my Clinics have a considerable waiting list and a request has been received for an evening session. Below are given numbers for clinics:—

Total seen	464
Positive smears	5
Repeat in 6 months	12
„ „ 1 „	7
Repeat immediately	2

Follow-up of the positive smears have so far only yielded a diagnosis of Carcinoma in-situ for which treatment has been given—two turned out to be false positives on a repeat.

B. General

(*a*) *Premature babies* do not seem to be so numerous and in most cases their progress is satisfactory. It is a pity that there is no routine follow-up of these babies at 1 or 2 years from the hospitals to check the subsequent development of any anaemia in either these babies or the Rhesus Antibody babies of which a number have been seen at the Clinics. These babies are prone to anaemia and no routine iron is prescribed for them.

Toddler Clinics would seem to be an answer to their subsequent development and progress but Clinic time does not allow of their examination at present.

(*b*) *Breast Feeding* is of low incidence but perhaps slightly increasing.

(*c*) *Babies at Risk:* It would appear that some obstetrical procedures, such as low forceps, are not so lethal in their after effects as was once thought. Records of birth details with domiciliary cases are often very inadequate for this work e.g. minor degrees of Asphyxia Neonatorum.

No recent cases of Pyloric Stenosis have been noted (in contrast to 2-3 years ago) but several infantile inguinal hernias have again occurred and the prevalence of Umbilical Hernias of varying sizes continues.

Recently several cases of swelling, reddening and oedema of infants' hands have been seen—probably a local manifestation of "Cold Injury" in infants and this should stress the need for more adequate heating of homes and especially infants' bedrooms at night.

(*d*) *Relaxation and Ante-Natal Classes* run by Health Visitors and Midwives continue to be well attended but are usually (from pressure of numbers) limited to primipara.

There would appear to be scope for a Clinic class for the mothers of infants and toddlers—comprising talks and discussions and films on the actual care and the problems of these age groups—they would be of more value when the mothers have actually experienced and had to contend with such problems e.g. feeding, common minor ailments, crying, inadequate hours of sleep and general infant home routine so evidently neglected in many cases; Simple infant cooking, as opposed to "tinned meals" would also warrant some more attention."

Dr. B. Hutchinson Smith

"Report for the period August-December, 1965.

1. *General Health and Nutrition of the children*—on the whole satisfactory. Level of mothercraft—in general satisfactory.

2. *Cleanliness and communicable disease.* All children are usually clean, exceptions to this are found in problem families.

Thrush. I am very concerned that mothers are advised to buy glycerine and borax from a chemist, for the treatment of thrush in infancy. The danger of the local application of borax in infants has been published.

3. *Immunisation procedures*—satisfactory.

4. *Health eduction in the clinics*—leaflets issued by the Central Council for Health Education provide excellent advice and are available free to mothers. Individual advice is given by the doctor and health visitor. The number of attendances of mothers with babies (including neonates) who attend Infant Welfare Clinics during very bad weather suggests that widespread publicity is needed to advise mothers not to take babies out in bad weather. Babies were brought to the clinics in a blizzard, severe gale (medical advice was sought for one baby who had been thrown out of the pram when it was blown over), fog, and heavy rain.

5. *Follow-up of non-attenders at Ante-natal clinics*—satisfactory.

6. *Liaison with hospitals and general Practitioners*—satisfactory.

7. On the whole requests for cytology have been small in number in the Alfreton, Chesterfield, and Shirebrook areas. One positive result has been received.

(*a*) Breast feeding appears to be appreciably higher in the west of the county.

(*b*) *The Premature Baby*—the routine follow-up of babies discharged from Special Care Units is excellent in one area, but no follow-up is provided from another area.

(*c*) *Early detection of Physical defects*—

Conditions diagnosed at routine examination in Infant Welfare Clinic:

Neonates—Congenital disclocation of the Hip. (One case).
Mongolism (one case).

3 *year old*—Spastic paraplegia (one case).

(*d*) *Early detection of mental defects*—A record of the head circumference measured at each routine medical examination would provide additional information in this respect.

(*e*) *Incidence of bronchitis and gastro-intestinal conditions*—the acute cases are seen by the general practitioner, milder forms usually respond to adjustment of the feeding regime.

(*f*) *Problem families*—the health visitors do excellent work in this field.

(*g*) *Accidents*—none were seen.

(*h*) *Incidence of anaemia in the Ante-natal clinics*—anaemia when seen is usually mild, the severer forms are referred for investigation."

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continued to operate until 26th November, when the Day Nursery at Station Road, Ilkeston was closed, and the children were transferred to Whitworth Road, Ilkeston, Day Nursery which had been extended in size in order to accommodate them.

Student Training

During the year under review ten students from the County Day Nurseries completed a two-year course of training and all but one were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents

The charges to parents remained the same as set out on page 66 of my Annual Report for 1963, until the 5th April, 1965, when they were increased, the maximum charge to parents being 14/6d. per day, and the minimum charge 1/-d. per day. The scale of charges to decide when a reduction in the maximum shall be made, is as follows:—

Net weekly earnings of parent and spouse (if any)	*Daily charge* s. d.	*Part-day charge* s. d.
Up to £7	1 0	6
£7 to £8	2 0	1 3
£8 to £9	3 0	1 9
£9 to £10	5 0	3 0
£10 to £11	6 0	3 6
£11 to £12	6 6	4 0
£12 to £13	7 0	4 3
£13 to £15	8 0	4 9
£15 to £17	9 0	5 6
£17 to £19	10 6	6 3
£19 to £21	11 6	7 0
£21 to £23	12 6	7 6
£23 to £25	13 6	8 0
Over £25	14 6	8 9

Where the net weekly earnings are less than £25, the charge for a second child is 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 1/0d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections

Each Nursery is visited once a month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections

Dental inspections were carried out at all the day nurseries, the intervals between the inspections being maintained at an average of twelve months. Few defects were found. They were chiefly of a very minor nature and it was only necessary for 10 of the 85 children examined to have treatment. The mouths were well looked after and credit for this is largely due to the Matrons and staff.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year the nursing and domestic staff at the Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports

The following reports have been received from the Matrons of the Day Nurseries:—

Chaddesden Day Nursery

"Number of children on the register 31/12/65 ..	40
Number of children admitted during 1965	31
Number of children who have attended in 1965 ..	78
Average number of children on the register during 1965	31.7
Average daily attendance—under 2 years	7
Average daily attendance—2-5 years	24.7
Waiting list December 1965	35

Attendance on the whole has been good. Low during April due to an outbreak of measles and again at school holiday periods.

New Equipment and Alterations

(1) Larder floor tiled—a great improvement.

(2) Columbus Dixon combined floor scrubber and polisher—has made work easier.

(3) New curtains provided for the corridor, staff room, office and bathrooms.

(4) New crockery and cutlery for the staff room.

Staff Changes

Mrs. Shingler who has worked in the Nursery since 1943 was given the post of Deputy Matron on 31st December, 1965.

Staff Nurse, Mrs. Blount, left in September 1965 and was replaced by Miss J. Wardman, N.N.E.B. The staff continue to be efficient and happy.

We have had three visits from members of the County Health Committee. Their visits have been very welcome and enjoyable."

Whitfield Day Nursery, Glossop

	years		
"Number of children on the register at 31st December, 1965	0–2	16	
Number of children on the register at 31st December 1965	2–5	21	37
Number of children admitted during 1965	0–2	34	
Number of children admitted during 1965	2–5	12	46
Number of children who have attended in 1965	—		95
Average Number of children on the register during 1965	—		41.10
Average daily attendance under 2 years ..	—		10.33
Average daily attendance 2-5 years ..	—		28.14

Children have attended fairly regularly, absent only when either parent are away from work due to illness or changing work. Attendances always drop during school holidays. Some mothers have to stay away from work to look after other children in the family of school age.

The attendances did fall slightly due to increased Nursery Fees in April of this year. Since then the number of children attending has gradually increased and now we have a few children on the waiting list.

Maintenance of the Premises

The Laundry has been modernised with a new Industrial Bendix Washing Machine and a new Deans Gas Boiler. The hot water supply to the laundry is greatly improved by the installation of the Potterton Boiler. The floor has also been covered with vinyl tiles. With all these improvements it is now a pleasure to work in the laundry and this has been appreciated by all the staff. A new wash basin has been installed in the staff toilet. The outside of the Nursery was painted in June of this year. Outside water pipes from the mains have been renewed giving an adequate supply to the kitchen.

Staff Changes

Mrs. V. Higginbottom left in January 1965 after serving 7 years as a Domestic and 2 years as a cook.

Mrs. McIntosh commenced the duties of Cook in September 1965.

Two Nursery Students commenced training in September, 1965, for N.N.E.B., spending alternate weeks at the Nursery Training Centre in Manchester.

The staff has been most helpful with the running of the Nursery and the children we accommodate have been very happy with us.

We have had several visits from members of the County Health Committee. It is a pleasure to take them round the nursery, and we appreciate the interest shown.

The weekly visits from the Medical Officer for Glossop have been appreciated and the older children now look forward to her coming."

Station Road Day Nursery, Ilkeston

"In November, 1965, Station Road Day Nursery closed, after serving the central town area for 23 years. It was opened officially on September 30th, 1942, by the Mayor of Ilkeston, Councillor David Barton. The Matron of the nursery was Miss E. M. Clarke—later Matron of Whitworth Road Day Nursery. Children who attended the nursery in the war years, grew up and sent their own children to be cared for in the same nursery.

The life of the nursery ebbed and flowed as the needs of the mothers fluctuated with the town's need for married women in employment. Periods of low attendance came, when the daily charges per child were increased. Over the 23 years this has varied from 1s. 0d. per day standard fee to 14s. 6d. The latter being the highest amount, on a sliding scale from 1s. 0d. to 14s. 6d. according to income.

The nursery was a training nursery for students, and saw many changes over the years in the content of the training course. During this time approx. 23 students were successful in passing their examination, so becoming qualified Nursery Nurses. Some continued training and went on to become State Registered Nurses, or Teachers. Others remained in the nursery field, and some married and became mothers themselves. Some girls went to work in Premature Baby Units, and became Nannies in private families.

During the last year the analysis of attendances up to the date of closure was as follows:—

Number on Register 27/11/65	..	16
Number admitted during 1965	..	10
Number discharged during 1965	..	22
Number who attended ..	..	33
Average number on register ..	..	23
Daily average attendance under 2 years	4	Total average attendance 16
Daily average attendance over 2 years	12	

The only infectious illnesses, other than coughs and colds, were 14 cases of measles in the first 2 months of the year, when the usual precautions were taken.

One nursery nurse resigned at the end of April having worked at the nursery for 12 years. Two students sat their N.N.E.B. examination in July, one of whom was successful. Both these girls left at the end of August. None of these three members of staff were replaced owing to impending closure of the nursery.

The last few months were anxious ones for staff and parents, but I cannot speak too highly of the co-operation I received from them all. At this juncture I would like to say how all the staff appreciated the efforts made by everyone concerned to facilitate the amalgamation.

November 26th found us in the thick of last minute packing and marking of equipment prior to removal. On Saturday the 26th the furniture and equipment was moved by the Works Department. The men worked well and did a good job—as did my own staff. The nursery was clear, except for the final draining down of the central heating by mid-day.

On Monday November 29th, I and all my staff from Station Road took up duty at Whitworth Road Day Nursery, with us came 16 children from Station Road Nursery.

Our thanks are due to all members of the County Health Committee who visited the nursery during the year and showed such interest in the welfare of staff and children.

My own thanks for being allowed to attend the Council Meetings in London of the National Association of Nursery Matrons. This is a privilege I appreciate very much."

Whitworth Road Day Nursery, Ilkeston

"The following is the analysis for Whitworth Road up to the end of December 1965. The figures in brackets are those of the children transferred from the Station Road Nursery.

Number on Register 31/12/65 ..	36	(+16) =	52
Number admitted during 1965 ..	37	(+16) =	53
Number who attended	85	(+16) =	101
Daily average attendance under 2 years	9.5	(+2.45) =	11.95
Daily average attendance over 2 years	24.7	(+9) =	33.7
Average number on Register combined	45.6		
Waiting List on 31/12/65	12		

The year 1965 has been one of general upheaval with the commencement of the new extension in the spring. I believe the staff worked extremely well, under trying and difficult conditions. I must say the result has been well worth the inconvenience.

Added to the upheaval came the retirement of the Matron, namely, Miss E. M. Clarke on 31st August, who had been at the nursery since it opened in 1944. She was a person respected and well liked by all her staff. For Miss Clarke all connected in nursery work wish her a happy retirement.

Other staff changes have been the transfer of all staff from Station Road Day Nursery, and the employment of two more Nursery Nurses, in order to comply with the new Ministry of Health regulations on Day Care of Children.

Two students sat their N.N.E.B. examination in July—both were successful. They were replaced by a further two students.

There have been 8 cases of Measles. Also the usual coughs and colds still account for children being absent.

Once again the nursery has been well served by the Museum Service, by changing pictures on loan.

Appreciation is felt by all the staff for the interest shown by members of the County Health Committee when they have visited the nursery.

1966 brings I think a challenge to the people working in Whitworth Road Day Nursery insofar as the Unit is larger than before, the places being for 65 children. This could lead to an impersonal attitude creeping into the atmosphere—but I feel sure with a good team of staff working for the common good of small children, we shall lose none of the important personal contact which can be achieved by all departments in a smaller unit."

Long Eaton Day Nursery

"Number of children on the register at 31st December, 1965	53
Number of children admitted during 1965	43
Number of children who have attended in 1965 ..	92
Average number of children on the register during 1965	52
Average daily attendance under two years	8
Average daily attendance over two years	28

During the early part of 1965 attendance was good but dropped slightly when the daily fee went up to 14s. 6d. per day on April 5th. After, children left the Nursery on this account and I noticed that the children were being kept away more readily for odd days. Holidays of school children and minor illnesses of children, and parents, also accounted for absences during the year.

In the months of May and June, 29 cases of measles, and 6 cases of mumps were recorded.

Owing to shortage of staff, and illnesses of staff during most of the year, all members on duty had to work very hard. I think a word of praise to them is well deserved.

However, towards the end of 1965 an additional cleaner was appointed and she took over the cleaning of all floors in the evenings. This has been a tremendous relief to Nursery staff.

The two vacancies vacated by unqualified Nursery Assistants were filled by Certificated Nursery Nurses, one on 29th November and one 1st December, 1965.

Three students sat for and passed the N.N.E.B. examination held in July.

County Health Committee members continue to visit us at intervals, and as usual, are always very welcome and helpful."

Reciprocal arrangements with other Authorities

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice-versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year two Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child and one Leicestershire child attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. Four Derbyshire parents took advantage of this arrangement during 1965.

At the end of the year, sixteen children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Conference

The National Association of Nursery Matrons held its Annual Conference at Llandudno on 27th and 28th March, 1965, and arrangements were made for the Matron of Ilkeston (Whitworth Road) Day Nursery to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Borough Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the

necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:—

	Number of Midwives on the staff at the end of						
	1959	1960	1961	1962	1963	1964	1965
County Midwives ..	68	74	78	82	80	84	92
Home Nurse Midwives ..	28	28	26	25	21	14	14

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report eighty-nine Midwives out of a total of ninety-two and fourteen Home Nurse-Midwives out of a total of fourteen are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approximately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1965 there were 204 Midwives on the County Roll; ninety-eight were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; ninety-two were County Council

Midwives; and fourteen were County Council Home Nurse/Midwives.

Uniform

All midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics

The following table sets out certain relevant figures regarding the Midwifery Service for the years 1959 to 1965.

	1959	1960	1961	1962	1963	1964	1965
Numbers of cases attended by Midwives employed by the Authority:							
(i) As Midwives	3,548	3,705	3,346	3,544	5,028	4,781	4,188
(ii) As Maternity Nurses	1,304	1,246	1,361	1,714	—	—	—
Total	4,852	4,951	4,707	5,258	5,028	4,781	4,188
Number of cases in which Gas and Air was administered	411	369	375	247	195	149	183
Number of cases in which Pethidine was administered:							
(i) When acting as a Midwife ..	1,989	2,198	1,954	1,972	3,150	3,048	2,706
(ii) When acting as a Maternity Nurse	781	754	857	1,042	—	—	—
Number of cases in which Trilene was administered:							
(i) When acting as a Midwife ..	2,733	2,977	2,618	2,879	4,096	3,952	3,370
(ii) When acting as a Maternity Nurse	929	893	1,097	1,382	—	—	—

Inhalational Analgesia

The number of Midwives in practice in the County at the end of the year who were qualified to administer gas-and-air analgesia in accordance with the requirements of the Central Midwives Board, was as follows:—

Domiciliary Midwives	106
Employed in Homes and Hospitals in the National Health Service	96
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases where gas-and-air analgesia was administered by Midwives in domiciliary practice during the year 1965 was 183.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on the administration of analgesics in institutions approved by the Central Midwives Board.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:

> "The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid."

In all cases where gas-and-air analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as to the Midwife.

Following the publication of a paper on "The Hazards of Gas and Air in Obstetrics" in "Anaesthesia," the Central Midwives Board in 1963 reviewed their policy with regard to the administration of inhalational analgesics by midwives, with particular reference to the possible approval of nitrous oxide and oxygen apparatuses for use by midwives on their own responsibility to replace the nitrous oxide and air machines then in general use. The Medical Research Council recommended that a mixture of 50% nitrous oxide and 50% oxygen was safe for use as an analgesic by unsupervised midwives. In May, 1965, the Central Midwives Board gave particulars of a prototype apparatus produced by the British Oxygen Co. under the name of "Entonox" which delivered a constant mixture of 50% nitrous oxide and 50% oxygen. This machine had been subjected to field trials and the Central Midwives Board gave approval for its use by midwives on their own responsibility provided they have received the appropriate instruction.

One hundred have been ordered for delivery to the County Council's Midwives and Home Nurse-Midwives, to replace the gas-and-air machines. All the staff will be issued with the necessary instructions as the machines are brought into use.

Pethidine

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950 authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine, all Midwives were issued with Dangerous Drugs books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered during 1965 was 2,706.

Trichloroethylene B.P. (Trilene)

All Midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the

medical examination and the presence of a "second person" as with Gas and Air Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 3,370.

Refresher Courses

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

The Royal College of Midwives—Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1964, might prove of interest. In the introduction to the statement the College states "The Maternity Service of Great Britain is facing a grave crisis, owing to the rising birth rate, the increasing demand for hospital confinement, and the overall shortage of practising midwives. This problem is of concern to everyone, and it must be solved if mothers and babies are to have the best possible care. The Council of the Royal College of Midwives, as the professional organisation representing midwives, has drawn up this statement in the hope that it may contribute towards the solution of a very difficult problem."

"*The Maternity Service*

The College believes that the maternity service should be regarded as one service, although it is administered by three different authorities. If this principle is fully accepted by everybody, the barriers of the tripartite administration can be broken down, and real unity achieved.

The Midwife

It is essential that the maternity service of the future should be adequately staffed by well-trained midwives. They must be capable, at all levels, of taking their full share of responsibility, with their medical colleagues, for the care of the parturient woman and her child from early pregancy until the end of the puerperium.

The midwife has been recognised for many years as a teacher of mothercraft, either to individuals or groups of mothers. In view of the present demand from young people for knowledge to enable them better to undertake their responsibilities as parents, greater emphasis should be given to this aspect of the midwife's training and practice.

The college welcomes the suggestion that the midwife should be in attendance for twenty-eight days following confinement. This would give a satisfactory service to the mothers and babies, as continuity of care and guidance would be ensured, though daily visits during the latter part of this time would be unnecessary.

Place of Confinement

Until the demand for additional maternity beds is satisfied, the beds available must be used to the best advantage. Hospital confinement must be planned for those women with adverse medical, obstetric or social conditions. Those with good domestic circumstances, for whom a home confinement is considered suitable, should be encouraged to make use of the excellent domiciliary service which is available for them. Many women prefer to be at home for their confinement, but there are some who have not had this experience and do not realise what is provided.

They should never be given the impression that if they have their baby at home they will receive a second-best service.

In some parts of the country there are insufficient beds to allow all women who need hospital confinement to remain in hospital for the normal period of ten days. In these areas it is at present necessary for some mothers with suitable home conditions to go home early.

The College believes that early discharge schemes should only be regarded as temporary emergency measures, to make it possible to provide beds **now** for all women who really need them, both for ante-natal care and delivery.

Careful planning and organization is essential, and the women must be prepared beforehand for the possibility that they may go home early if all goes well.

If possible they should be discharged within the first 48 hours after confinement, so that continuity of care by the domiciliary midwife can be maintained. Other mothers, particularly those with bad home conditions, should remain in hospital for ten days.

The Domiciliary Service

At the present time over a quarter of a million births take place at home, that is 34 per cent of all births. In addition to this, approximately 20 per cent of mothers delivered in hospital receive most of their post-natal care at home, so that it is obvious that the domiciliary service is an absolutely essential part of the maternity service.

It must be maintained at the highest possible level of efficiency, the midwives being provided with the most up-to-date equipment, and car transport. There should be sufficent staff to enable them to give their individual attention to women in labour.

Domiciliary midwives must be supported not only by general practitioner-obstetricians, with whom they work in close co-operation, but also by efficient and readily available emergency obstetric and paediatric services. The Home-Help service also needs considerable expansion to provide adequate domestic help for mothers delivered at home or discharged early from hospital. In these circumstances the domiciliary service can offer, for normal cases, a service as safe and efficient as that provided by the hospital, with the added advantage to the mother of her home surroundings.

The Hospital Service

If the maternity hospitals are to withstand the increasing pressure placed upon them, steps must be taken at once to recruit more midwives and to retain existing staff. Prospects of promotion in the midwifery profession are at present limited,and the ten-year hospital plan,by abolishing

over 150 independent maternity hospitals and replacing them by maternity units of district general hospital, will diminish rather than improve these prospects. A profession with so few first-grade administrative posts will never attract or keep leaders.

The College believes that all but the smallest units, whether or not they are training schools, should be administered by midwifery matrons, and not by the matrons of the general hospitals to which they are attached.

Midwives should be given more opportunities to take courses in administration to prepare themselves for these posts, and consideration should be given to providing a special administrative course for midwives. This should be in addition to the Midwife Teachers' Diploma, which at present is the only post-graduate midwifery qualification available.

Salaries and Conditions of Service for Midwives

If the maternity service is to be adequately staffed by midwives it is essential that the value to the community of their professional skill, and the heavy responsibilities they undertake, should be fully recognised in their salary and status. The College believes that this has not yet been achieved and that salaries in both the hospital and the domiciliary field must be made more attractive.

Conditions of service, particularly with regard to arrangements for off-duty and night duty rotas must be improved. This applies as much to the domiciliary as to the hospital service.

All midwives should have sufficient clerical and auxiliary help to free them from extraneous tasks so that their knowledge and skill may be devoted to the immediate care of the mother and child, and to the teaching of the mother, the junior staff and the pupil-midwife.

Conclusion

These are challenging and exciting days and much research work is being done to evolve the best possible maternity service for the country. The Royal College of Midwives will always endeavour to be progressive in its thinking, and thereby make its full contribution towards this end."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties in this County include school nursing, attendance at ante-natal, relaxation, mothercraft, cytology, infant and child welfare, tuberculosis, immunisation and vaccination clinics, T.B. visiting, care of the aged, the sub-normal and handicapped child, and home visits to children up to the age of 5 years. Lectures are given on home nursing and child care, talks and films to Women's Institutes, Young Wives' Groups, Young People's Clubs and Parentcraft classes. Some of these classes are held for young people taking the Duke of Edinburgh Award. The school children are shown films and given talks on personal hygiene, junior mothercraft, home nursing and general health education.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

In the year under review, 7 Health Visitors were appointed, including 3 Student Health Visitors who were sponsored by the County Council under the scheme for the training of Health Visitors which is described below, and who qualified during 1965. One Health Visitor retired, and 3 resigned owing to their husbands obtaining a post in another part of the Country. One Health Visitor is still on two years' leave of absence in order to take a course in the teaching of Art.

Training of Health Visitors

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses who hold at least the first certificate under the Central Midwives Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

In all, 34 Health Visitors have been trained under this scheme since 1949, and of these only 4 have left the County Council's service since their contracts expired. Seven students commenced training in October of the year under review.

Liaison between General Medical Practioners and Health Visitors

I reported fully on this matter in pages 79-81 of my last Annual Report. Mr. Lyndon Irving, the Clerk of the Derbyshire Local Medical Committee, wrote the following letter to me on 8th November, 1965:—

> "At its November meeting my committee passed a resolution that you be requested, as County Medical Officer of Health, to ask the County Health Committee to consider a proposal that nurses, midwives and health visitors be attached to practices in those parts of the County where this would be possible."

I replied to Mr. Lyndon Irving as follows:—

"Your letter of 8th November, 1965 was placed before the Joint Medical Services Sub-Committee of my Authority on 7th December, 1965, when the following Minute was passed:—

"1461. *Attachment of Health Visitors to General Medical Practitioners.* The County Medical Officer reported a request from the Derbyshire Local Medical Committee that Nurses, Midwives and Health Visitors should be attached to General Medical Practitioners in those parts of the County where this would be possible. RESOLVED that the County Medical Officer send to the Clerk of the Local Medical Committee relevant extracts from the County Medical Officer's Annual Report and inform the Local Medical Committee this arrangement is favoured by the Committee, but the matter will be reviewed after the current national negotiations concerning the conditions of service of General Medical Practitioners have been completed."

The above Minute of the Sub-Committee was confirmed by its parent Committees, namely, the County Health Committee and the Education Committee, at their meetings which took place respectively on 20th December and 21st December, 1965.

As you are well aware, in the County Council's Health Services Hand Book, the names, addresses and areas of operation as well as the telephone numbers are given of Nurses, Midwives and Health Visitors, so that there can be direct access between General Medical Practitioners and those Officers.

The County Council is required under the National Health Service Act to provide an adequate Home Nursing and Domiciliary Midwifery Service and has also responsibilities under the Midwives Acts for local supervision of Midwives in hospitals as well as in the patients' homes, but even so, Nurses and Midwives have always acted under the clinical direction of General Medical Practitioners in this County.

All our Health Visitors act as School Nurses, and as the County Council is Local Authority under the National Health Service and Education Acts it has obligations to provide clinic and school health services. This means that the Health Visitors have a number of fixed appointments at Clinics and Schools which precludes full attachment of Health Visitors to doctors' practices.

On my Committee's instructions I am attaching to this letter an extract from my Annual Report as County Medical Officer of Health for 1964 on "Liaison between General Medical Practitioners and Health Visitors", which indicates that out of the 567 General Medical Practitioners approached by Health Visitors, 436 did not agree to regular fixed meetings, but preferred contacts to be made as the need arises. If any of these 436 doctors wish to change their minds, then my Committee would be agreeable providing the degree of attachment does not exceed what was envisaged there.

However, after the present national negotiations on Conditions of Service for General Medical Practitioners have been completed, my Committee are prepared to look at this matter again in the light of the altered circumstances.

I am enclosing four dozen copies of this letter and its enclosure, so that a copy will be available for distribution to each member of the Local Medical Committee."

Extracts from the Annual Report of the County Medical Officer of Health for the Year 1964, *pp.* 79-81.

"*Liaison between General Medical Practitioners and Health Visitors.*

I wrote the following letter to the Health Visitors on the 10th November, 1964:—

"At the meeting arranged at the County Offices at 3.45 p.m. on Friday, November 6th, 1964, to discuss the practicability of the attachment of Health Visitors, in whole or in part, to General Medical Practitioners, 51 Health Visitors attended out of the 68 employed at the present time (outside the Delegate Authority of the Borough of Chesterfield).

The Clerk of the Derbyshire Executive Council provided the following numbers of single-handed General Medical Practitioners and partnerships as at 31st December, 1962:—

	Resident in the administrative County	*Not Resident in the administrative County*
Single-handed practices	60	76
Two-Doctor partnerships.. ..	48	54
Three-Doctor partnerships ..	30	18
Four-Doctor partnerships ..	8	9
Five-Doctor partnerships ..	5	3
Six-Doctor partnerships	—	1
Number of Doctors	303	295
Total Number of Doctors		598

In my Annual Report for 1962, I reported as follows:—

"Increasing stress is being laid on the importance of liaison between the Health Visitor and the General Practitioner. For many years, in this County, Health Visitors have been asked to introduce themselves to the General Practitioners when they start work in their area. Many have no hesitation in discussing problems relating to patients with the General Practitioner concerned, but there is still room for closer co-operation between all field workers on the district . . . ideally, it would be nice if one Health Visitor was attached to each General Medical Practitioner . . ."

It will be seen from the figures that I have set out above for Health Visitors, as well as General Medical Practitioners that "attachment" is very difficult, particularly when Practitioners practise in more than one "area of administration" (e.g., when they practise in the Administrative County and in places like Sheffield, Derby or Burton, or in the adjacent County Council areas, as well as the Delegate Authority of Chesterfield). There is the additional point, that it all depends what "attachment" means. We, in this County, have issued a comprehensive Hand Book, setting out the names and addresses and telephone numbers of the Health Visitors, as well as other staff, so that they might be readily accessible, whether at the Clinics or their homes. As mentioned above, Health Visitors have been asked to introduce themselves to the General Medical Practitioners, when they start work in their areas. This must produce a degree of "attachment".

As a result of our discussion on November 6th, I am asking Health Visitors to go one step further—by requesting them to approach each General Medical Practitioner who is responsible for a substantial

number of patients in their areas (they ought to know who they are from their health visiting), and offering to make a fixed appointment to see him, say, once a week, fortnight, three weeks or a month, at a mutually convenient time. I do not mind where the meeting is arranged, e.g. it could be at his surgery or at a County Council Clinic. It is thought that this might afford an occasion for discussing cases of common interest, or where the assistance or advice of one or the other would be advantageous in the treatment of a patient.

In this connection, I am setting out an excerpt from the "Gillie"* Committee's Report (para. 137):—

> "In all departures from health, social and environmental issues impinge on the medical problems. Co-ordination of the findings and advice of social workers with those of the doctor is essential if work in caring for the community is to be fully effective and not conflict or overlap . . . "

I should like you to write a letter to me, marked "personal", indicating the extent of your success, or lack of success, in arranging for this suggestion to be carried out.

*Dr. Annis Gillie was the Chairman of a Special Sub-committee of the Central Health Services Council that reported on "The Field of Work of the Family Doctor". The Central Health Services Council is a body which advises the Minister of Health on the operation of the National Health Services."

The following is a summary of the replies that were received:—

(1) Replies were received in respect of 69 Health Visiting Areas.

(2) Total number of General Medical Practioners who were approached by the Health Visitors 567

(3) Number of General Medical Practitioners who agreed to a regular meeting taking place:—

- (*a*) once a week 9
- (*b*) once a fornight 14
- (*c*) once every three weeks .. .. —
- (*d*) once a month 41

(4) Number of General Medical Practitioners who did not agree to regular fixed meetings, but who preferred contacts to be made as the need arises 436

(5) Number of General Medical Practitioners who had not replied to the approach 57

(6) Ten General Medical Practitioners favoured having regular meetings with the Health Visitors (seven in one area and three in another area), but had not decided how frequently they would like to meet.

(NOTE:—The "Number of General Medical Practitioners" means the total number of the individual Doctors concerned, i.e. a group practice or a partnership with, say three members, is counted as three Doctors.)"

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 89 and 90, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE

1.	Ante-natal Clinics—	
	Number of sessions	1,213
	New Cases	2,073
	Ante-Natal attendances	7,659
	Post-Natal attendances	179
2.	Visits to Homes—	
	Number of children under five years of age visited during year	55,574
	Children under one year of age—	
	Cases visited	14,216
	Children age one year and under two years—	
	Cases visited	13,855
	Children age two but under five years—	
	Cases visited	27,503
	Tuberculosis Households—	
	Cases visited	784
	Other cases visited	2,596
3.	Infant Welfare Centres—	
	Number of sessions	5,521
	Number of children who attended during the year and who were born in—	
	1965	10,106
	1964	10,008
	1963-60	9,016
	Total number of children who attended during the year	29,130
	Total attendances during the year	212,610

	1958	1959	1960	1961	1962	1963	1964	1965
NUMBER OF NOTIFIED BIRTHS :								
Live Births	10,991	12,532	12,908	12,975	13,954	14,042	14,366	14,444
Still Births	298	281	291	281	289	226	244	226
Total Births	11,289	12,813	13,199	13,256	14,243	14,268	14,610	14,670
DOMICILIARY MIDWIFERY :								
L.H.A. Midwives—Number of cases attended:								
as Midwives	3,500	3,548	3,705	3,346	3,544	5,028	4,781	4,188
as Maternity Nurses	1,248	1,304	1,246	1,361	1,714	—	—	—
Total	4,748	4,852	4,951	4,707	5,258	5,028	4,781	4,188
Midwives in private practice—Number of cases attended:								
as Midwives	—	—	—	—	—	—	—	—
as Maternity Nurses	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—
Domiciliary Cases—Grand Total	4,748	4,852	4,951	4,707	5,258	5,028	4,781	4,188

	1958	1959	1960	1961	1962	1963	1964	1965
Number of Domiciliary Cases attended as a percentage of all notified births	42.05	37.79	37.51	35.5	36.91	35.24	32.69	28.54
ANALGESIA.								
Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	3,642	4,073	4,239	4,090	4,508	4,291	4,101	3,553
Number of cases of Analgesia as a percentage of domiciliary births	76.7	83.94	85.61	84.77	85.73	85.34	85.77	84.83
ANTE-NATAL CLINICS.								
Number of L.H.A. Clinics	24	24	25	25	25	25	25	23
Number of new cases attending during the year	3,149	2,924	2,732	2,229	2,065	1,962	2,043	2,073
Number of new ante-natal cases as a percentage of all notified births	27.89	24.38	20.69	16.8	14.49	13.75	13.98	14.13
POST-NATAL CLINICS :								
Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	485	473	470	399	308	279	213	179
Number of new post-natal cases as a percentage of all notified births	4.29	3.69	3.56	3.09	2.06	1.95	1.46	1.22
INFANT WELFARE CENTRES :								
Number of L.H.A. Centres	95	97	98	101	103	107	110	110
Number of Voluntary Centres	2	2	2	2	3	3	2	2
Number of children who first attended an Infant Welfare Centre during the year (under one year)	7,294	9,108	9,205	9,589	10,451	7,663	9,818	10,106
Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births	66.36	72.67	71.31	72.34	73.37	54.57	67.2	69.96

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for seventeen years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care and after Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since 1955:—

	1955	1960	1961	1962	1963	1964	1965
Full-time—							
Home Nurse-Midwives	30	28	26	25	21	14	14
Home Nurses ..	108	113	115	127	128	133	136
Total	138	141	141	152	149	147	150
Part-time	—	1	—	—	—	—	—
TOTAL full-time and part-time	138	142	141	152	149	147	150

During 1965 the nurses attended 13,366 patients and the number of visits paid was 386,415; 41.9% of the patients attended were over sixty-five years of age at the time of the first visit, and 2.7% were under five years of age.

The County Council has realized the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 145 out of 150 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, in recent years, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worthwhile, as the nurses are made aware of the latest advances in treatment.

USE OF ANCILLARY HELP IN THE LOCAL AUTHORITY NURSING SERVICES

The Ministry of Health issued Circular 12/65 on this subject, dated 25th June, 1965, and enclosed a copy of the Report of a Sub-Committee appointed by the Standing Nursing Advisory Committee to consider the use of ancillary help in the local authority nursing services. The Sub-Committee considered to what extent the nursing team in the local authority services could be developed and how far its effectiveness could be increased by the employment of other professional and non-professional workers. It was thought that a study of such factors was of particular value in the light of the increased demands on these services which will result from the expansion of the services provided by local authorities for care in the community.

The following is the official summary of the Report of the Sub-Committee of the Standing Nursing Advisory Committee:—

"IV SUMMARY

48. The work of the nursing services has been and will continue to be affected by changes in the practice of medicine, in the administration of the health and allied services and in society. Consideration of the services which should be provided and of the division of work between nurses and other grades of staff is needed as well as of the development of the nursing team and the employment of ancillary help, but only the latter lies within our terms of reference. (Paras. 8-15).

49. We recommend that the first step in considering the use of ancillary help for nursing staff should be for authorities to undertake a study, where they have not already done so, of the time spent by different kinds of nursing staff on different activities, and that the results should be published (Para. 16).

50. Available information about the time spent by health visitors and home nurses on different activities, of the treatments given by home nurses and of the numbers of ancillary staff already employed suggests that there is scope for more ancillary staff to be employed. (Paras. 17-19).

51. Ancillary staff should be employed in the nursing services so that the best use is made of the skills of qualified nurses and undue demands are not made by the local authority services on the limited number of women capable of training as nurses, teachers etc. (Paras. 20-21).

52. We do not think that the use of ancillary help need result in any lowering of the quality of the care given provided the work is properly allocated and that ancillary staff are adequately prepared for the work and receive sufficient supervision; nor that patients will fear that they are not getting the best care provided the senior member is seen to retain ultimate responsibility and, if necessary, explains why certain duties are being delegated. (Paras. 22-23).

53. The feasibility of employing ancillary staff depends on the amount of work proper to each grade, on the way the work is organised, on the kind of area and on the suitability of the premises used. These are all local factors. We cannot therefore recommend any universally applicable division of duties but we make suggestions as to the duties that can be delegated in Appendix 2. (Paras. 24-26).

54. The nursing team should be organised under the principal nursing officer, who should be an administrator, assisted by the superintendents of the individual services; and should include S.R.N.'s, S.E.N.'s nursing auxiliaries and lay assistants to help the senior members. Considerable assistance can be given to nurses by the use of modern techniques, and the time they spend on clerical work and travel should be reduced to the minimum. (Paras. 27-30).

55. Ancillary help for the nurse who works from her own home is particularly difficult to provide but much may be done by grouping districts, employing part-time staff and using mechanical equipment. (Para. 31).

56. Health visitors should continue to do most of the home visiting and all health education, and should maintain the contacts with other services. There is scope for saving, however, in the time she spends on clerical work and travelling and in clinics. (Paras. 32-34).

57. We do not envisage the employment of nursing auxiliaries in clinics although there will be work for all other grades of nursing staff in them. A general purpose worker who could do some routine duties and also clerical work would be very useful. (Paras.35-36)).

58. Health visitors should not distribute welfare foods, nutrients and medicaments, handle cash or weigh babies. (Para. 37).

59. The home nurse must retain responsibility for all her patients and should delegate duties only after assessing the individual patient's needs and conditions. Perhaps as much as 50 per cent of the home nurse's work might be delegated to S.E.N.'s, nursing auxiliaries or lay assistants. Most nursing auxiliaries are likely to need a course of preparation for district work. (Paras. 38-41).

60. Some voluntary workers might be employed as nursing auxiliaries but we expect that they will mostly be employed as lay assistants. Voluntary workers can undertake such duties equally as well as employees of the local authorities except where a knowledge of procedure in the health office is required or where access to confidential information is involved. (Paras. 42-44).

61. The value of cadet schemes lies in preventing the loss to the nursing profession of suitable young people who have a period of time to wait after leaving school before they can begin training as nurses, and in providing background training. We feel that there might be a place for cadet schemes, which might be experimental in the first place. It is essential that cadet status should not develop into a blind-alley job and that cadets should receive further education in general subjects as well as vocational training. (Paras. 45-47)."

The following is a copy of Appendix 2 of the Report:—

"APPENDIX 2

(See paragraph 26)

Suggestions for duties which can be delegated to less highly qualified staff in Local Health Authority Nursing Services

Nature of Duties	*Least qualified staff able to undertake the duties*
General Duties	
1. *Duties at Administrative Centres or Nurses' Homes*	
Reception	Lay Assistants
Records, clerical work and filing	
Compile statistics	
Manning telephone	
Appointments	
Cleaning equipment and cupboards	
Stores and equipment	
Laundry	
Arrangement of transport and checking claims	

Nature of Duties	*Least qualified staff able to undertake the duties*
Health Visiting	
2. *General duties in clinics*	
Prepare and clear clinics, surgeries etc. ..	Lay Assistants
Reception	
Records, clerical work and filing	
Arrange further action on referals	
Tea and refreshments	
Distribution of welfare foods, nutrients, medicaments	
Weighing	[Mother]
3. *Other duties at clinics*	
(*a*) *Ante-natal and post-natal clinics*	
Attendance with doctor or midwife ..	Lay Assistants
Urine testing	S.E.N.
(*b*) *Child Welfare clinics*	
Change paper in bowls and baskets for babies' clothes	Lay Assistants
Play-room	
Preparation of health education display materials	
Attendance with doctor	
Minor treatments	S.E.N.
Phenystix tests	S.R.N.
(*c*) *Special immunisation clinics*	
Attendance with doctor	Lay Assistants
Prepare instruments	
Prepare skin	
Check medical history	S.R.N.
Give treatment	
(*d*) *Geriatric clinics*	
Taking case history—preliminary details..	S.E.N.
Pre-medical examination tests	
Assisting client to prepare for medical examination	
(*e*) *Chest clinics*	
Pre-medical examination tests	S.R.N.
Assisting consultant during examination ..	S.E.N.
(*f*) *Staff examinations*	
Urine testing	S.E.N.
Blood pressure	S.R.N.
4. *Home visiting*	
Follow-up visits to aged and infirm ..	S.R.N.
Infectious diseases	
Advice in cases of illness	
Home Nursing	
5. *Nursing duties*	
Giving bed baths	Nursing auxiliary (on the direction of the home nurse)
Assisting patients to wash, bath, dress, undress and get into or out of bed ..	
Nursing of surgical patients involving dressings or removal of stitches or clips..	In some cases may be done by S.E.N. on the directions of the home nurse.
Preparation for diagnostic investigation ..	
Pre-operative preparation	
Hypodermic injections	
Enemata	
Nursing patients with pressure sores ..	

The following is a copy of Appendix 3 of the Report:—

"APPENDIX 3
(See paragraph 7)

THE SCHOOL HEALTH SERVICE

1. *General.* The health visitor should lead the nursing team in the School Health Service as in the Local Health Authority Service and should similarly be supported by S.R.N.'s, S.E.N.'s and lay assistants. She should work closely with parents, class teachers as well as head teachers, other officers of the education authority and with school doctors and general practitioners. Much of the home visiting in connection with school children will need to be done by her. We think she should be present at the medical examination of children on first entry to school but it will be more economical of her time to consult with the school doctor and head teacher before or after other routine medical examinations. We do not think that she need normally attend any of the clinics provided under the School Health Service. She should play an active part in health education, particularly of the young. Undoubtedly the saving of the health visitor's time, if the appropriate duties within the School Health Service are delegated, would be considerable. But, as we have suggested in paragraph 16 in respect of the Local Health Authority Service studies of the time spent on various activities by school nurses will be needed in each local authority's area to ascertain how much help can be given by ancillary staff.

2. *Suggestions for duties which can be delegated to less high qualified staff.*

Nature of Duties	*Least qualified staff able to undertake the duties*
1. *General duties in clinics and school inspections*	
Prepare and clear clinics or rooms	Lay Assistants
Reception	
Records, clerical work and filing	
Arrange further action on referals	
Marshalling children	
2. *Other duties in clinics*	
Attendance with doctor	Lay Assistants
Ophthalmic clinic, vision testing, nursing duties (e.g. eye drops)	S.E.N.
Orthopaedic clinics, nursing duties, etc. (e.g. dressings)	
Paediatric clinics	
Minor ailments—treatment	
Audiology and/or E.N.T. clinics, nursing duties (e.g. ear syringing)	S.R.N.
3. *Other duties at school inspections*	
Weighing and measuring	Lay Assistants
Simple screening tests for vision and hearing, including pure tone audiometer	
Assisting child	
Hygiene inspections—head inspections and de-infestation	S.E.N.
Attendance with doctor other than primary inspection	S.R.N.
4. *Home visiting*	
Simple visits to school children (e.g. failing appointments)	Lay Assistants

Assistant County Medical Officers/School Medical Officers are provided with the services of a Medical Officer's Attendant who usually has an elementary knowledge of nursing and some clerical experience.

Three full-time and 48 part-time Welfare Foods Assistants are employed and they attend 98 centres throughout the County—25 of which are in County Council Clinics and 73 at Infant Welfare Centres.

The weighing of babies is usually carried out by voluntary workers or part-time Clinic Assistants, and not by Health Visitors.

With regard to paragraph 54 of the foregoing summary, after careful consideration of the matter it has been decided not to recommend the appointment of a Principal Nursing Officer.

With reference to paragraph 49 of the summary, a questionnaire was drafted, based on the duties which were set out in the foregoing appendices 2 and 3, which involved a record being kept of the nature of the duties carried out during the period 15th November to 14th December, 1965. Before these questionnaires were filled in, however, meetings took place with the Health Visitors, Home Nurses and Midwives, which were attended by 283 out of the 289 who were invited. As a result of the discussions that took place it was appreciated that a questionnaire based on the appendices 2 and 3 was not likely to be fruitful insofar as Midwives are concerned, and this was confirmed by the replies that were received. However, the replies from the Health Visitors and the Home Nurses have been summarised, with the results shown in the following Table:—

Nature of Duties	*Health Visitors* (69 *replies*)	*Home Nurses* (115 *replies*)
General Duties	% of time	% of time
1. *Duties at Administrative Centres or Nurses' Homes*		
Reception	0.13	0.05
Records, clerical work and filing	6.34	4.88
Compile statistics	0.81	0.86
Manning telephone	1.85	3.28
Appointments	0.19	0.13
Cleaning equipment and cupboards	0.18	2.29
Stores and equipment	0.11	0.40
Laundry	0.09	1.04
Arrangements of transport and checking claims	0.02	0.22
Health Visiting		
2. *General duties in clinics*		
Prepare and clear clinics, surgeries, etc.	2.50	—
Reception	0.96	—
Records, clerical work and filing	11.19	—
Arrange further action on referrals	0.32	—
Tea and Refreshments	0.38	0.32
Distribution of welfare foods, nutrients, medicaments	0.17	—
Weighing	2.19	—

Nature of Duties	*Health Visitors*	*Home Nurses*
3. *Other Duties at clinics*		
(*a*) *Ante-natal and post-natal clinics*		
Attendance with doctor or midwife ..	0.97	—
Urine testing	0.11	0.04
(*b*) *Child Welfare clinics*		
Change paper in bowls and baskets for babies' clothes	0.19	—
Play-room	0.03	—
Preparation of health education display materials	1.02	—
Attendance with doctor	0.37	0.01
Minor treatments	0.20	—
Phenystix tests	0.40	—
(*c*) *Special Immunisation clinics*		
Attendance with doctor	0.33	—
Prepare instruments	0.02	—
Prepare skin	0.03	—
Check medical history	0.01	—
Give treatment..	—	—
(*d*) *Geriatric clinics*		
Taking case history—preliminary details	—	—
Pre-medical examination tests ..	—	—
Assisting client to prepare for medical examination	—	0.01
(*e*) *Chest Clinics*		
Pre-medical examination tests ..	0.11	—
Assisting consultant during examination	0.36	—
(*f*) *Staff examinations*		
Urine testing	0.01	0.03
Blood pressure	—	—
4. *Home Visiting*		
Follow-up visits to aged and infirm ..	1.56	2.18
Infectious diseases	0.08	—
Advice in cases of illness	0.17	0.50
Home Nursing		
5. *Nursing duties*		
Giving bed baths	—	15.64
Assisting patients to wash, bath, dress, undress and get into or out of bed ..	—	17.18
Nursing of surgical patients involving dressings or removal of stitches or clips	—	10.85
Preparation for diagnostic investigation ..	—	0.29
Pre-operative preparation	—	0.21
Hypodermic injections	—	12.61
Enemata	—	1.23
Nursing patients with pressure sores ..	—	7.01

Nature of Duties	*Health Visitors*	*Home Nurses*
School Health Service		
1. *General duties in clinics and school inspections*		
Prepare and clear clinics or rooms ..	0.20	—
Reception	0.09	—
Records, clerical work and filing ..	0.45	—
Arrange further action on referrals ..	0.04	—
Marshalling children	0.10	—
2. *Other duties in clinics*		
Attendance with doctor	0.41	—
Ophthalmic clinic, vision testing, nursing duties (e.g. eye drops)	0.01	—
Orthopaedic clinics, nursing duties, etc. (e.g. dressings)	—	—
Paediatric clinics	—	—
Minor ailments—treatment	0.25	0.04
Audiology and/or E.N.T. clinics, nursing duties (e.g. ear syringing)	0.19	—
3. *Other duties at school inspections*		
Weighing and measuring	—	—
Simple screening tests for vision and hearing, including pure tone audiometer	0.70	—
Assisting child	0.06	—
Hygiene inspections—head inspections and de-infestation	1.70	—
Attendance with doctor other than primary inspection	0.31	—
4. *Home visiting*		
Simple visits to school children (e.g. failing appointments)	0.30	0.08
ALL OTHER DUTIES	50.78	2.84
Travelling Time	11.01	15.78
TOTALS	100%	100%

In Circular 12/65 it was mentioned that studies in some areas had indicated that "Health Visitors spend on an average 20 per cent of their working hours on clerical work and 12 per cent on travelling, and that for home nurses the comparable proportions are 10 per cent and 25 per cent."

The following Table compares these figures with the result of our inquiry:—

	Health Visitors		*Home Nurses*	
	Clerical work %	*Travelling* %	*Clerical work* %	*Travelling* %
Figures given in Circular 12/65	20.00	12.00	10.00	25.00
Derbyshire	18.81	11.01	5.96	15.78

VACCINATION AND IMMUNISATION

(Section 26)

At the time of writing this report, the Authority's services are available to provide immunisation facilities against diphtheria, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are available at all the County Council's Clinics, or if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education programme is considered. Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

On 17th November, 1964, the Ministry of Health issued Circular 20/64 which laid down rules concerning record keeping and payment of fees for various vaccinations and immunisations other than against smallpox, which was dealt with in a similar circular. B.C.G. was not dealt with because it is not undertaken by General Practitioners but only by the trained County Council's staff and Chest Physicians. Briefly, the circular stated that after consultation with the Associations representing Local Health Authorities and the medical profession it was considered that authorities had at their disposal sufficient information to assist them in carrying out their programmes, if records are maintained only for children who have not yet reached their sixteenth birthday, and that national statistics were similarly being restricted to children. This, of course, means that from this time in the case of people over 15 years old, Local Health Authorities are not required to keep records of immunisations and vaccinations, except against B.C.G. where, under a separate recommendation, it has been suggested that records are kept for ten years in case a child or person develops tuberculosis who has previously been investigated, or vaccinated with B.C.G.

The Ministry also suggested that Local Health Authorities need not normally keep any records of vaccinations and immunisations against diseases other than those recommended in the schedules included in the Ministry's booklet "Active Immunisation against Infectious Disease": these are, in brief, the ones referred to in the first paragraph of this section.

Tetanus

The subject of immunisation against tetanus has become increasingly important on account of the frequency of road accidents in which infection by this organism may be an important factor. The subject was dealt with at some length in my annual report for 1964.

Briefly, immunisation may be carried out by two means: first by passive immunisation which is achieved by administering anti-tetanic serum; and secondly by active immunisation with anti-tetanus vaccine.

The first method is of immediate value but the effect is short-lived and in the case of repeated doses it may be very transitory indeed. As I stated last year, a number of patients may have been given anti-tetanic serum—or anti-diphtheritic serum for that matter—in the past. If given serum again they may develop not only side effects which are serious, but the anti-toxic serum passes through the kidneys quickly, because of the reaction of the body being previously sensitized, and it does not then maintain a "cover" of anti-toxin for the usual period of two or three weeks.

It is also difficult to know what injections a casualty has had in the past, and indeed an unconscious patient may be extremely sensitive to serum. Until we have some means of recording indelibly important medical facts, a Casualty Officer may be in a quandary as to which injections may be safely given. It is often suggested that people should carry some record of details which would be useful should they meet with an accident or be found unconscious, as is done, I believe, in the case of some diabetics and workers in special industries.

It is becoming more important, therefore, that people should receive active immunisation against tetanus. This consists in giving a primary course of three doses: usually two doses of toxoid are given four to six weeks apart, followed by a reinforcing injection some six to twelve months later.

With regard to immunisation beyond the primary course, one manufacturer has suggested that after completion of this primary course, one or two reinforcing doses at intervals of not less than five years will maintain a satisfactory immunity for many years.

The question has been raised as to whether there is any danger in giving further prophylactic doses of tetanus toxoid after the primary course has been completed (or if the previous history of the patient is not known). In the *British Medical Journal* for 1st January, 1966, the following answer was given:—

> "Children are fully immunised against tetanus if they have had a primary course of three doses of tetanus toxoid with intervals of six to twelve weeks and six to twelve months respectively between the injections. They should have further reinforcing doses every six to twelve years or immediately after sustaining some types of wounds if the previous reinforcing doses were given twelve months previously.

It may be considerably cheaper and administratively simpler to immunise all children in a school irrespective of their previous immunisation history, rather than enquire or search the records to find out which are already fully immunised. Nevertheless, this practice cannot be justified as being in the children's interest. Immunisation against tetanus cannot be regarded as an absolutely reaction-free procedure. Admittedly, an immediate type of reaction resulting in general collapse within five to ten minutes after injection is rarely encountered, but cases have been reported in Service men who have suffered no ill-effects after previous injections of tetanus toxoid. Local reactions on the other hand are frequently seen. They consist of swelling around the injection site (sometimes involving the whole limb), induration, erythema, pain, tenderness and regional adenopathy. These develop on the second or third day after immunisation and reach a maximum by the fourth to seventh day. They may well be due to a mixture of Arthus-type reaction and delayed-type sensitivity produced by previous injections of tetanus toxoid.

The problem of side-reactions after tetanus toxoid is only a minor matter compared with the need for all persons to be actively immunised against the disease. Nevertheless, unnecessary and indiscriminate injections of toxoid to fully protected persons would lead to an increase in the incidence and severity of allergic reactions. If there is no evidence available to indicate whether a child has been previously immunised, he should, of course, start on a primary immunisation course. All immunised persons should be aware that they have been protected and be in possession of information to that effect."

The tetanus toxoid to which I have referred is put out by the manufacturers and supplied by the County Council in two main forms: (1) a plain fluid preparation (Tet/Vac); and (2) one adsorbed on aluminium hydroxide (Tet/Vac/PTAH). Both are effective vaccines, but the adsorbed preparation is rather more effective than the fluid preparation in that it gives a somewhat greater degree of protection between the second and third doses. It has the additional important advantage that it can (and should) be administered at the same time as tetanus anti-toxin (A.T.S.).

Tetanus antigen is, however, usually given as part of a combined injection with diphtheria and whooping cough in the early years of a child's life and for that reason is often called a "triple antigen" (DTP/Vac). Other preparations are diphtheria and tetanus vaccine (DT/Vac/FT) as well as the two preparations for tetanus alone referred to previously (Tet/Vac/PTAH) and (Tet/Vac/FT).

If everybody had received a primary course of immunisation against tetanus which had been maintained by subsequent injections at suitable intervals, then all that would be necessary in the case of serious injury where tetanus was feared would be a further dose of tetanus toxoid with, of course, the usual surgical treatment of the injured area.

Diphtheria, Pertussis (Whooping Cough), Tetanus and Poliomyelitis

The following is a copy of the return submitted to the Ministry of Health in respect of the immunisations of persons under the age of 16 against diphtheria, pertussis, tetanus and poliomyelitis, during 1965:—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1965

Table 1—Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	*Year of birth*					*Others under age 16*	*Total*
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP ..	35	79	14	1	5	—	134
2. Triple DTP	3,595	6,027	677	249	254	53	10,855
3. Diphtheria/Pertussis	—	3	—	—	2	—	5
4. Diphtheria/Tetanus ..	12	36	21	19	220	66	374
5. Diphtheria	—	8	1	1	—	6	16
6. Pertussis	—	1	—	—	2	—	3
7. Tetanus	—	5	3	4	65	341	418
8. Salk	3	11	3	2	1	2	22
9. Sabin	1,794	7,369	1,912	836	1,124	689	13,724
10. Lines 1+2+3+4+5 (Diphtheria)	3,642	6,153	713	270	481	125	11,384
11. Lines 1+2+3+6 (whooping cough) ..	3,630	6,110	691	250	263	53	10,997
12. Lines 1+2+4+7 (Tetanus)	3,642	6,147	715	273	544	460	11,781
13. Lines 1+8+9 (Polio)	1,832	7,459	1,929	839	1,130	691	13,880

Table 2—REINFORCING DOSES—Number of persons under age 16

	1965	1964	1963	1962	1958-61	*Others under age 16*	*Total*
1. Quadruple DTPP ..	—	5	11	7	28	6	57
2. Triple DTP ..	28	465	1,387	376	2,159	220	4,635
3. Diphtheria/Pertussis	—	4	1	1	31	5	39
4. Diphtheria/Tetanus	8	22	120	59	2,297	538	3,044
5. Diphtheria	1	—	—	—	203	111	315
6. Pertussis	—	—	—	—	2	—	2
7. Tetanus	1	3	6	9	48	128	195
8. Salk	—	—	—	—	49	13	62
9. Sabin	—	2	4	5	9,005	1,506	10,522
10. Lines 1+2+3+4+5 (Diphtheria)	37	493	1,519	443	4,718	880	8,090
11. Lines 1+2+3+6 (Whooping cough) ..	28	471	1,399	384	2,220	231	4,733
12. Lines 1+2+4+7 (Tetanus)	37	495	1,524	451	4,532	892	7,931
13. Lines 1+8+9 (Polio)	—	7	15	12	9,082	1,525	10,641

Anthrax

Ministry of Health Circular 19/65, dated 6th September, 1965, stated that vaccination against anthrax is desirable for workers exposed to special risks of contracting the disease. The workers mainly concerned are those in establishments such as tanneries, glue, gelatine, soap and bonemeal factories and woollen mills. Authorities which have establishments in their areas handling these materials were urged to make the necessary arrangements under Section 26 of the National Health Service Act, 1946, for vaccination against anthrax.

Sir George Godber, the Chief Medical Officer of the Ministry of Health, also wrote stating that: "Hitherto anthrax vaccine has not been generally available. Control of the disease has depended largely on the early recognition and treatment of cases and on the prophylactic use of antibiotics in appropriate circumstances. These measures remain important for the control, particularly of cutaneous anthrax, but prophylaxis by antibiotics is not practicable in situations where a risk of infection is continuous and may prove ineffective in preventing the rare pulmonary form of the disease. Circumstances may also be such that the patient is unable to seek expert medical advice at the earliest opportunity. Now that an effective anthrax vaccine has been made available you may think it desirable that all persons exposed to special risks of contracting the disease should be offered active immunisation." After consultation with the Derbyshire Local Medical Committee, I wrote to all the General Medical Practitioners practising in the County informing them of the scheme, and giving the address of the Public Health Laboratory from which the vaccine is obtainable.

It was gathered from Circular 19/65 that the Ministry of Labour would communicate on the matter with firms whose employees were "at risk". I consulted the four H.M. Inspectors of Factories who supervise areas in Derbyshire and it was understood that there was only one firm in the administrative County in which employees may be exposed to the risk of contracting anthrax.

Smallpox

The following table is given in the form in which it is sent to the Ministry of Health and shows the number of persons under the age of 16 who have been vaccinated against smallpox during 1965:—

Age at date of vaccination	*Number vaccinated*	*Number re-vaccinated*
0-3 months	1	—
3-6 months	5	—
6-9 months	7	—
9-12 months	10	—
1	439	—
2-4	62	1
5-15	53	14
TOTAL	577	15

No case of smallpox occurred in the County during 1965.

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. I would recommend, however that every child be vaccinated before the age of two years as at that period complications are less serious than in adolescence and adult life.

The Ministry of Health have provided the following table which shows the percentages vaccinated in this County, as compared with England and Wales, together with other relevant information:—

	Children born in 1964			*Smallpox (Children under 2)*
	Whooping Cough (1)	*Diphtheria* (2)	*Poliomyelitis* (3)	(4)
England and Wales	70	71	65	33
Derbyshire	69	69	63	14

"The figures in columns (1)—(3) are calculated to show the percentage of children born in 1964 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1965 and were under 2 years old at the time, and is calculated as a percentage of children born during 1964. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox."

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis

In my report for 1961, I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and secondly the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

	Contact Scheme	*School Children and Students*
No. skin tested	1,994	7,390
No. found positive	448	1,437
No. found negative	1,456	5,722
No. vaccinated	862	5,704

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against yellow fever as a condition of entry. The County Council's Clinic at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 47 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 170 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation

The Administrative County continued to be served by a wholly directly operated Service. For the first eight months of the year this was carried out from:—

(*a*) four Main Stations with radio control and one Sub-Station, all of which are manned throughout the 24 hours; and

(*b*) nine Sub-Stations manned during the day time only.

In respect of the Day Stations, night cover was afforded by standby arrangements augmented by the main Stations' resources, with the exception of Glossop where complete night cover was given by the Staleybridge Ambulance Station operated by the Cheshire County Council. Day Stations continued to be manned from 8.00 a.m. to 7.00 p.m. daily, with the exception of Glossop, which was manned from 7.00 a.m. to 7.00 p.m.

However, on the 30th August the Sub-Station at Heanor (manned during the day time only) was closed and from that date the service for that area has operated from the County Ambulance Stations at Ripley and Ilkeston, the latter Station under the Main Control at Ripley instead of Mickleover as hitherto. The hours of manning of all the Day Stations in the County were extended in August, so that instead of the period being 8.00 a.m. to 7.00 p.m. it became 8.00 a.m. to midnight daily. At the same time the Glossop Station was manned from 8.00 a.m. daily instead of 7.00 a.m. as previously.

As pointed out in my previous reports, the increase in road traffic and the higher incidence of road accidents involving personal injury, particularly during the period from 10 p.m. to midnight, can now be met much more effectively from an ambulance standpoint by the manning of all Day Stations until midnight which means a quicker turnout in response to emergency calls. Incidentally, the standby arrangements remain as hitherto with the exception of a reduction in the period, consequent upon the extension of the hours of manning.

The Superintendents of the main stations continued to supervise the day stations within their own telephone area during the absence of the day station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(*a*) *Urgent Calls*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the telephone exchange operator and ask for "Ambulance". The caller would be automatically put through to the appropriate ambulance station, when the call would be accepted and dealt with regardless of whom the caller might be.

(*b*) *Non-urgent Calls*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

The Council has kept all hospital and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of the Ambulance Stations in the County and the method of calling an ambulance.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Numbers*		*Address*	*Date of introduction of extended hours of manning of Day Stations*
	8 a.m. - midnight	midnight - 8 a.m.		
Main Station				
MICKLEOVER	Derby 53916		Station Road, Mickleover, Derby.	—
Sub-Stations				
Ashbourne ..	Ashbourne 3236	Derby 53916	Park Avenue Ashbourne	9th August 1965
Long Eaton ..	Long Eaton 5151		Briar Gate, Long Eaton	30th August 1965
Swadlincote ..	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote	23rd August 1965
Main Station				
RIPLEY	Ripley 2175	Ripley 2175	Ivy Grove, Ripley	—
Sub-Stations				
Ilkeston	Ilkeston 3401		Manners Avenue, Ilkeston	30th August 1965
Matlock	Matlock 706		Town Hall, Bank Road, Matlock	23rd August 1965
Main Station				
BUXTON	Buxton 2012	Buxton 2012	Park Road, Buxton	—
Sub-Stations				
New Mills	New Mills 333		Park Road, New Mills	30th August 1965
Bakewell	Bakewell 2551		Baslow Road, Bakewell	23rd August 1965
Glossop	Glossop 3101		Talbot House, Talbot Road, Glossop	30th August 1965
Main Station				
CHESTERFIELD	At all times		Old Road, Ashgate, Chesterfield	—
Sub-Station				
Eckington	Chesterfield 6282		Castle Hill, Eckington	—

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES: (*a*) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".
(*b*) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to midnight contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement.

As from 6th September the Mickleover and Matlock Ambulance Stations provided transport for the conveyance of patients to and from the Special Care Unit at Belper.

Conveyance of patients by rail

The conveyance of patients by ambulance/rail/ambulance transport has generally now become accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 208 compared with 212 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly, the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

Infectious Diseases. As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. In 1964 the Ministry of Health published a "Memorandum on the Control of Outbreaks of Smallpox" which deals, inter alia, with the transportation of patients suffering, or suspected of suffering, from smallpox and the instruction to Station Superintendents on this subject has been amended accordingly. As hitherto, the special equipment for dealing with this type of case is held at each main station in the County.

All ambulance personnel under the Conditions of Appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health, and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially:—

Year	*Smallpox Vaccinations*
1961	97
1962	128
1963	93
1964	126
1965	97

Major Accidents. The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country.

Telecommunications. As indicated in my report for 1964, the County Health Committee approved the purchase of additional fixed Station equipment and mobile units, the modification of certain existing mobile sets (to comply with the G.P.O. Regulations which came into force on the 1st June, 1964) and to improve the telecommunication system in certain parts of the County. The cost of this equipment was spread over two years and consequently part was purchased during 1965. Orders were, therefore, placed for the remainder of the equipment, namely, 23 replacement mobile units.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1965.

Controlling Base Station	*Sub-Station*	*Number of Mobile Equipments*
Buxton	.. .. ..	10
	Bakewell ..	4
	Glossop ..	4
	New Mills ..	4
Chesterfield ..	.. .. ..	11
	Eckington ..	11
Mickleover ..	.. .. ..	12
	Ashbourne ..	3
	Long Eaton ..	4
	Swadlincote ..	4
Ripley	.. .. ..	13
	Ilkeston ..	5
	Matlock ..	5
	Total ..	90

Equipment

During the year 35 additional Minuteman Resuscitators were purchased to permit of one resuscitator (either a Minuteman or Novox) being carried on each of the 2/4 stretcher type ambulances. Each Main Station was also provided with a spare Minuteman Resuscitator so that it would be available when equipment was undergoing repair. 64 resuscitators have now been provided for use in the Ambulance Service.

In December, 1965, 100 Brook Airways were ordered but these had not been delivered by the end of the year.

Premises

The new Ambulance Station at Ashgate, Chesterfield, the construction of which was started in 1964, was completed during the year under review. The building comprises a two storey C.L.A.S.P. construction administrative block and accommodation, of traditional construction, for 14 vehicles, became available for occupation on the 16th February, 1965.

Personnel

(*a*) *Safe Driving Awards*

The following table shows the results of the 1965 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years:—

Year	*Entered*	*Not Eligible*	*Disqualified*	*Diploma*	*5 Year Medal*	*Bar to 5 Year Medal*	*10 Year Medal*	*Bar to 10 Year Medal*	*15 Year Brooch*	*Bar to 15 Year Brooch*	*20 Year Brooch*	*Bar to 20 Year Brooch*	*Exemptions*
1960	181	12	20	85	12	25	4	14	–	3	–	2	4
1961	202	5	23	101	9	35	2	16	–	1	–	2	8
1962	215	6	34	88	14	41	3	17	–	2	–	2	9
1963	222	6	41	77	15	41	6	19	4	1	1	1	10
1964	217	9	33	78	10	45	6	17	6	5	–	1	7
1965	202	6	31	64	14	41	9	18	1	9	—	1	8

The total number of accidents in which Ambulance Service vehicles were involved during the year was 142 compared with 140 for 1964.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial, is reported and investigated.

The high standard of finish of the modern ambulance body work may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

(*b*) *Establishment*

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1965:—

Ambulance Station	*Station Superintendent*	*Shift Leaders*	*Senior Drivers*	*Driver Attendants*
Ashbourne	1	–	1	8
Bakewell	1	–	1	9
Buxton	1	4	–	24
Chesterfield ..	1	4	–	29
Eckington	1	4	–	27
Glossop	1	–	1	9
Ilkeston	1	–	1	10
Long Eaton.. ..	1	–	1	10
Matlock	1	–	1	10
Mickleover	1	4	–	27
New Mills	1	–	1	9
Ripley	1	4	–	30
Swadlincote ..	1	–	1	10
Totals ..	13	20	8	212

On the closure of the Heanor Ambulance Station, the personnel were transferred to the Ripley and Ilkeston Ambulance Stations. The total establishment was also increased by 21 to provide for the extension of the hours of manning of the Day Stations as from August 1965.

Vehicles

To implement the policy of the County Health Committee that 2/4 stretcher type ambulances and light ambulances should be replaced after 8 and 6 years life respectively, the purchase of the additional replacement vehicles required was spread over 2 years, namely, 1965/66 and 1966/67. During the year under review, therefore, the following vehicles were ordered:—

(*a*) Ten Bedford/Lomas Hawson Easy Access Ambulances (2/4 stretcher type) on the J.1 chassis.

(*b*) Three Bedford/Lomas Hawson Easy Access Dual Purpose Ambulances on the J.1 chassis.

(*c*) Eight Bedford/Lomas Junior Dual Purpose Light Ambulances on the C.A.L. chassis.

Of the vehicles ordered, the 8 light ambulances were delivered in late 1965. Five 2/4 stretcher type ambulances outstanding from the previous year's contract were delivered in early 1965. As however, 8-2/4 stretcher type ambulances and 5 light ambulances were passed out of service during the year, there was no change in the total vehicle strength.

The following vehicles were operational on the 31st December, 1965:—

Location	*Number of Ambulances*	*Number of Light Ambulances*	*Number of Cars*
Ashbourne	2	1	–
Bakewell	2	2	1
Buxton	6	4	–
Chesterfield ..	7	3	–
Eckington	7	4	1
Glossop	3	2	–
Ilkeston	3	2	–
Long Eaton ..	3	3	–
Matlock	3	3	–
Mickleover	7	3	1
New Mills	3	1	–
Ripley	7	4	–
Swadlincote	4	1	1
Pool	2	2	–
Totals ..	59	35	4

The following Table shows the average:
(*a*) daily mileage travelled; (*b*) number of patients conveyed per day; and (*c*) mileage per patient:
compared with similar figures for the corresponding months of the previous four years:

Month	1961			1962			1963			1964			1965		
	Average Daily Mileage	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*
January ..	4,861	642	7.6	5,053	665	7.6	5,171	686	7.5	5,258	704	7.3	5,358	727	7.3
February ..	4,943	640	7.7	5,131	687	7.5	5,104	725	7.0	5,231	708	7.4	5,501	782	7.0
March ..	4,804	672	7.1	5,058	671	7.5	5,031	685	7.3	4,884	638	7.7	5,826	824	7.1
April ..	4,672	634	7.4	4,922	649	7.6	5,070	663	7.7	5,465	737	7.4	5,184	719	7.2
May ..	5,119	687	7.5	5,261	718	7.3	5,483	724	7.6	5,184	658	7.9	5,331	753	7.1
June ..	5,178	698	7.4	4,859	629	7.7	4,948	623	7.9	5,540	760	7.3	5,452	750	7.3
July ..	4,869	640	7.6	4,978	637	7.9	5,320	707	7.5	5,432	742	7.3	5,308	742	7.2
August ..	4,836	619	7.8	4,820	616	7.8	4,805	613	7.8	4,844	642	7.5	5,108	686	7.4
September	4,920	637	7.7	4,966	634	7.8	5,095	677	7.5	5,477	748	7.3	5,550	755	7.3
October ..	4,855	626	7.7	5,189	683	7.6	5,503	728	7.5	5,402	749	7.2	5,361	731	7.3
November..	5,009	659	7.6	5,203	689	7.6	5,267	706	7.5	5,534	771	7.2	5,690	815	7.0
December	4,487	570	7.9	4,458	579	7.7	4,772	625	7.6	5,206	713	7.3	5,408	744	7.3
Averages for the year	4,879	644	7.6	4,991	655	7.6	5,130	680	7.5	5,206	714	7.4	5,404	749	7.2

1965	Cars			Light Ambulances			Ambulances			Totals		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
Buxton	—	—	—	20	4,461	51,555	535	11,055	94,494	555	15,516	146,049
Chesterfield ..	—	—	—	40	12,504	75,094	1,101	35,877	170,770	1,141	48,381	245,864
Eckington	18	1,205	18,626	79	9,729	90,086	1,168	23,416	165,316	1,265	34,350	274,028
Mickleover	6	1,987	21,126	46	9,626	71,789	956	23,621	155,509	1,008	35,234	248,424
Ripley	—	—	362	16	8,489	88,141	588	21,928	194,822	604	30,417	283,325
Ashbourne	—	—	—	12	2,964	32,671	232	5,414	47,088	244	8,378	79,759
Bakewell	—	1,617	22,004	7	3,596	39,339	263	2,679	32,585	270	7,892	93,928
Glossop	—	—	—	9	3,071	17,184	223	8,898	43,118	232	11,969	60,302
Heanor	—	—	—	47	1,929	16,103	271	3,906	27,506	318	5,835	43,609
Ilkeston	—	—	—	12	3,757	24,243	319	11,144	60,483	331	14,901	84,726
Long Eaton ..	—	—	—	22	4,172	30,186	242	13,078	73,809	264	17,250	103,995
Matlock	—	3	400	9	5,340	59,130	215	6,326	56,449	224	11,669	115,979
New Mills	—	—	—	4	2,067	17,960	196	7,747	58,635	200	2,814	76,595
Swadlincote ..	3	1,586	16,909	3	3,619	26,352	231	16,736	72,494	237	21,941	115,755
Totals ..	27	6,398	79,427	326	75,324	639,833	6,540	191,825	1,253,078	6,893	273,547	1,972,338

NOTES :— (i) The Heanor Ambulance Station was closed on 30th August, 1965.

(ii) The above figures do not include the respective details for patients conveyed by the Mickleover and Matlock Ambulance Stations to and from the Special Care Unit at Belper.

The following Table shows the number of patients conveyed and the mileages covered monthly by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1964	*Cars*			*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
January	2	558	7,274	40	7,220	57,676	511	14,667	99,071	553	22,445	164,021
February	5	682	8,242	27	6,513	51,074	450	14,702	94,715	482	21,897	154,031
March	4	752	9,730	38	6,962	56,408	525	17,822	114,456	567	25,536	180,594
April	4	534	6,634	27	5,633	48,793	522	15,405	100,090	553	21,572	155,517
May	—	505	5,693	39	6,757	57,117	544	16,077	102,447	583	23,339	165,257
June..	1	437	5,938	30	5,634	51,343	536	16,428	106,264	567	22,499	163,545
July	1	570	6,918	22	6,112	52,549	619	16,309	105,073	642	22,991	164,540
August	2	467	4,961	20	5,275	47,645	579	15,524	105,734	601	21,266	158,340
September	1	531	6,697	20	5,432	49,265	554	16,689	110,527	575	22,652	166,489
October	3	541	7,131	28	5,968	52,377	585	16,163	106,697	616	22,672	166,205
November	—	291	3,377	17	6,769	57,970	568	16,867	106,622	585	23,927	167,969
December	4	530	6,832	18	7,049	57,616	547	15,172	101,382	569	22,751	165,830
Totals	27	6,398	79,427	326	75,324	639,833	6,540	191,825	1,253,078	6,893	273,547	1,972,338

PREVENTION OF ILLNESS — CARE AND AFTER CARE (Section 28)

The services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as, hospital type bedsteads, sponge rubber mattresses and wheelchairs. In addition, the Council has, for a number of years, made a grant to the British Red Cross Society in consideration of the assistance provided through their medical loan scheme to Derbyshire residents.

Blindness and Partially-Sightedness

The welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 263 forms of report were received in respect of new applicants for registration. Of this number 238 were registered as blind or partially sighted, and 25 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia

The following Table indicates the incidence of Cataract and Glaucoma in various age groups from 1956 to 1965 inclusive:—

		Under 50	50–60	60–70	70–	Total
Cataract ..	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
	1965	2	5	16	93	116
Glaucoma ..	1956	1	2	5	23	31
	1957	1	—	1	11	13
	1958	—	3	8	17	28
	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34
	1965	—	4	5	17	26

Particular reference has been made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961 and none during the last four years.

Chiropody

The history of a chiropody service administered by Local Health Authorities was dealt with fully in my Annual Report for 1964.

Very briefly this history goes back to 1953 when the matter was considered by the Associations of County Councils and Municipal Corporations. Nothing was decided at that time which gave guidance to Local Health Authorities, though in 1954 the National Health Service (Medical Auxiliaries) Regulations were published, which laid down the qualifications necessary before a Chiropodist could be employed in the National Health Service or by a Local Health Authority. The subject was raised again in 1955, when the County Councils Association did not consider the time was opportune to invite the Ministry to agree to "Approved Proposals" to enable Local Health Authorities to provide a chiropody service.

So far as Derbyshire is concerned the position was reported to the County Health Committee in February 1956, just ten years ago from the time of writing this report. This led to a request being made to the Minister of Health for permission for Derbyshire to provide a chiropody service in the County Clinics. The Ministry replied on 16th March, 1956, that it had not been found possible, for financial reasons, to sanction any further development in this field. The case for chiropody was pressed, however, and a visit was paid to the Ministry of Health in January 1958, but it was not until 1959 that in Circular 11/59 permission was given for Local Health Authorities to commence their own local services.

The Circular 11/59 is set out in my Annual Report for 1960, and the County Councils Proposals, which were approved by the Minister on 26th October, 1959, are also set out there, as well as the qualifications needed by Chiropodists to enable them to work for Local Health Authorities.

During 1963 a rapid increase took place in domiciliary chiropody which resulted, at the end of the year, in this service being curtailed. The reason was simply financial, because Chiropodists could make far more money visiting patients at home than in working at Clinics. It should be emphasised that this occurred in only two parts of the County. The larger part of Derbyshire was not affected and domiciliary visiting has, in fact, played only a small role in the work of most of our Chiropodists, though it began to increase rapidly in certain areas during the year 1963. During 1964, domiciliary visiting was recommenced on a reduced scale, and certain conditions were laid down by the County Health Committee. Briefly, a General Medical Practitioner's note is

required for a first visit for domiciliary chiropody treatment, but subsequent visits by the local Health Visitor are necessary. Each case must be followed up and Chiropodists are authorised to make only one visit at a time. That is, each visit must be separately authorised after a visit by the Health Visitor. The reason for requiring the Health Visitor to make frequent visits is that it is considered that persons who are in such a condition that they require domiciliary chiropody, being usually aged and infirm, may need forms of advice and treatment apart from chiropody, and that they will benefit from the Health Visitor attending regularly. It is expected that she will visit monthly and in some cases even more often than this.

At the end of 1965, 28 Clinics were equipped for chiropody and 20 Chiropodists—3 full-time and 17 part-time—were being employed. The establishment for Chiropodists, in terms of whole time officers, is 15.

CHIROPODY TREATMENT CARRIED OUT DURING 1965

	Elderly		*Physically Handicapped*		*Expectant Mothers*		*No. of Sessions*
	Patients	*Treatments*	*Patients*	*Treatments*	*Patients*	*Treatments*	
Treatment at Clinics	4,946	20,263	161	626	18	39	2,981
Domiciliary Treatment	134	278	6	11	—	—	—

The following table shows the Chiropody sessions which are being conducted at the time of writing this report:—

Clinic	*Time of Opening*	*Chiropodist*
ALFRETON Grange Street ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Mondays of the month 9.30 a.m. to 12.30 p.m.	T. E. Martin
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesdays— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley

Clinic	*Time of Opening*	*Chiropodist*
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m.	J. B. Hewitt
BUXTON Bath Road ..	Monday to Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse
CHADDESDEN Maine Drive ..	Monday and Friday— 9.30 a.m. to 12.30 p.m.	C. Ward
CHAPEL-EN-LE-FRITH Eccles Road ..	Monday and Wednesday— 9.30 a.m. to 12.30 p.m.	S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt R. S. Withington
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	S. Fletcher
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m.	A. Roberts
CLOWNE Cresswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m	J. B. Hewitt Mrs. C. Wheen
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. C. I. Beattie
DRONFIELD The Grange ..	Monday— 12.45 p.m. to 3.45 p.m. Wednesday and Thursday— 9.30 a.m. to 12.30 p.m.	Mrs. H. J. Ellis
ECKINGTON Gosber Street ..	Friday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. C. Wheen J. B. Hewitt
FRECHEVILLE Fox Lane ..	Last two Thursdays— 1.15 p.m. to 4.15 p.m. Tuesday & Wednesday 9.30 a.m. to 12.30 p.m.	H. Flowers Mrs. C. Wheen
GLOSSOP George Street ..	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	K. Horrox

Clinic	*Time of Opening*	*Chiropodist*
HACKENTHORPE Main Street ..	1st and 2nd Mondays— 9.30 a.m. to 12.30 p.m. Last two Thursdays— 9.30 a.m. to 12.30 p.m.	H. Flowers
HEANOR Wilmot Street	Wednesday and Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
HOPE Edale Road ..	4th Tuesday— 9.45 a.m. to 12.45 p.m. 2nd Monday— 1.45 p.m. to 4.45 p.m.	S. Fletcher
ILKESTON Albert Street ..	Monday and Friday— 9.30 a.m. to 12.30 p.m.	C. A. Bewley
LONG EATON 4, Nottingham Rd.	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Tuesdays and Thursdays— 9.30 a.m. to 12.30 p.m.	Q. J. Beattie C. Ward
MATLOCK Lime Grove Walk	Monday and Tuesday— 1.30 p.m. to 4.30 p.m. Thursday and Friday— 9.30 a.m. to 12.30 p.m.	D. Nolan
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh
RIPLEY Derby Road ..	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mrs. A. White
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt
SHIREBROOK Cliffe House, Church Drive ..	Thursday— 2.00 p.m. to 5.00 p.m.	A. Ward
SWADLINCOTE Civic Centre Off Midland Rd...	Wednesday— 9.00 a.m. to 12 noon Friday— 9.00 a.m. to 12 noon	Mrs. M. K. Archer
WHALEY BRIDGE 16 Market Street	2nd Tuesday— 10.0 a.m. to 1.0 p.m Friday— 10.0 a.m. to 1.0 p.m.	Mrs. L. A. Hancock

Exfoliative Cytology

I wrote the following letter to General Medical Practitioners practising in the Administrative County of Derbyshire, as well as the County Council Maternal and Child Welfare Medical Officers, on 9th October, 1964:—

"*Exfoliative Cytology*

For your information, the following is a copy of a short report that I submitted to the County Health Committee of the Derbyshire County Council on 29th June, 1964:—

"A paper on 'Exfoliative Cytology and Screening Procedure' was read by Mr.———, F.R.C.S., F.R.C.O.G., at the Association of County Medical Officers of Health in London on 25th October, 1963, and a discussion also took place on 7th May, 1964, at a Regional Meeting at Sheffield which was introduced by Dr. Wilson, one of the Senior Medical Officers of the Ministry of Health. A short discussion also took place at the Derbyshire Local Medical Committee on 4th June, 1964, but it is hoped to raise it again at a subsequent meeting, probably on 2nd July.

Exfoliative cytology might reveal cells (intra-epithelial and non-invasive or carcinoma *in situ*) which may later (in 10, 15 or 17 years) develop into clinical carcinoma (invasive growth). Mr.——— views have been reported by the Secretary of the Association of County Medical Officers of Health as follows:—

'He emphasised the point that it was not a technique for diagnosing cancer, and he hoped that in their own area, if there were discussions, they would hammer the point home if people started talking about diagnosing cancer, that it was not a technique for diagnosing cancer.' I think even so exfoliative cytology is a well worth-while procedure.

Dr. ——— the Pathologist, in association with Mr. ——— and other Gynaecologists, have been pioneering the procedure in the south of the County. There is, however, a shortage of trained laboratory technicians (non-medical) in certain parts of the country. In Derbyshire I understand there is a sufficiency of technicians in the south, and one technician is being trained in Derby at the moment to work in due course at the Chesterfield Hospital.

It is most important that the patient's own doctor should have an opportunity of deciding whether he wishes to collect the smears himself, or would prefer this being done by one of the Medical Officers at a County Council clinic. If the Derbyshire Local Medical Committee agree in principle to this line being taken, perhaps you would authorise me to arrange for certain of our medical staff being trained by Dr. ——— and Mr. ——— for the collection of smears, and the purchase of the necessary apparatus, which is not likely to be expensive.

You will appreciate that the examination of the smears in the laboratory is done by non-medical technicians, but if one turns out to be positive (which is not likely to happen in about 995 cases out of 1,000) then the patient is examined by the Gynaecologist to see if the clinical examination confirms the laboratory findings. In my opinion, the patient's own doctor should be informed of a positive result so that he can give a suitable explanation for proper evaluation and so avoid excessive fear, before arranging for the Gynaecologist to confirm the findings. I should say at this stage that it is inadvisable for these smears to be taken on pregnant women as there are a number of disadvantages if it is done at that time.

I would end by saying that this is a very technical subject and it is not easy to give a short definition or to put the position accurately in a few words."

The County Health Committee passed the following Minute after considering the above report:—

"8306. EXFOLIATIVE CYTOLOGY. Resolved to approve the purchase of apparatus necessary for exfoliative cytology and to agree to appropriate medical staff being trained by Dr. ——— and Mr. ——— of Derby in this technique and that examinations be conducted, as necessary, as outlined in the County Medical Officer of Health's Report."

The following is a copy of a letter dated 7th July, 1964, that I have received from the Clerk of the Derbyshire Local Medical Committee:—

"My Committee wishes me to inform you that after its recent consultation with you, as County Medical Officer of Health, about the taking of specimens for exfoliative cytology, it unanimously approves of a patient's own doctor having the opportunity of deciding whether to collect the smears himself or to let this be done by one of the Medical Officers employed at a County Council Clinic."

At the Annual Representative Meeting of the British Medical Association at Manchester on 16th July, 1964, a number of motions on this subject were considered, including one from the Derby Division which reads as follows:—"That the provision of facilities for cervical cytology on a national basis is to be encouraged. It is essential that general practitioners participate in this campaign if they so desire."

Ultimately the A.R.M. passed the following resolution:—"That this Meeting believes that an extension of the cervical smear service would save many lives and much suffering. It avers that it is the Ministry's bounden duty to make adequate facilities for a cytology service for the early detection of cancer available as a matter of top priority through the hospital service with voluntary general practitioner participation."

I thought you would be interested in the following extract from the report of the Central Health Services Council for the year ended 31st December, 1963, preceded by a statement made by the Minister of Health. (This report was ordered by the House of Commons to be printed on 8th July, 1964).

"*Statement by the Minister of Health*

. . . I have asked Hospital Boards to give due priority to the provision of laboratory facilities for cytological tests for the early detection of cervical cancer in women and have arranged training courses in the required techniques for pathologists and medical laboratory technicians . . ."

"*Exfoliative Cytology*

. . . It was generally agreed that reliance should be placed on general practitioners in extending the screening service, and it was to be expected that to an increasing extent there would be pressure on doctors from their own patients. Close liaison would be required between general practitioners and hospital services, so as to ensure that the taking of smears by general practitioners in an area was not begun until the hospital pathology services were able to arrange for the prompt examination of all material sent.

The establishment of special clinics run by local health authorities would seldom be appropriate, although it was recognised that in some areas the best solution might prove to be provision by local health authorities of facilities to help the family doctor in his task, provided that the approval of local medical committees was obtained . . ."

The following is an extract from the Report of the Ministry of Health for the year ended 31st December, 1963, on The Health and Welfare Services presented to Parliament by the Minister of Health in July, 1964:—

". . . *Exfoliative Cytology for Cancer of the Cervix*

The value of exfoliative cytology in the early diagnosis of cancer of the cervix is now fully accepted. In the course of the year there was increasing professional and public interest in the possibility in due course of offering routine screening for cervical cancer to all women at risk. Boards have been encouraged to provide cytological facilities as a service to gynaecologists with the intention of extending it to general practitioners as the service developed, but shortage of trained staff limited the amount of work which most hospital laboratories were able to accept. The situation was reviewed by the Standing Medical Advisory Committee of the Central Health Services Council which recognised that there was a need to provide for routine screening of women in the age groups at risk. The Committee advised that steps should be taken to accelerate the provision of cytological facilities in hospital pathological departments and to encourage the recruitment of pathologists and technicians with special training in cytology.

The Minister has accepted that routine screening for cervical cancer should be avilable to all women at risk. As a start, screening is advised for women over 35 at five yearly intervals. Boards have been asked to expand facilities for cytology in hospital laboratories and special funds are being provided to meet the running costs of a number of training centres for the staff required. The intention is to rely on general practitioners to carry out the routine screening of their patients, though local health authorities may wish to assist in some areas. Some hospital laboratories are already able to accept smears taken by general practitioners for examination and others will do so as trained staff become available, but it will be some time before a country-wide service can be provided . . ."

The Maternal and Child Welfare Medical Officers on the staff of the County Health Department have been trained by Dr.———— and Mr.———— at Derby in the technique of smear collection. I gather that there is a shortage of trained technicians for doing the laboratory work. There is, however, a sufficiency of technicians in the laboratory at Derby for dealing with the work in the south of the County. I understand a technician employed at the Chesterfield Royal Hospital is being trained in Derby, who will shortly be able to deal with the work in the north-east of the County. It is understood that facilities are also available at Manchester (The Christie Hospital), Nottingham and Sheffield. It may be, however, some time before the service is fully available throughout the Administrative County, due to the shortage of trained technicians, and it would be advisable, therefore, for the service to develop gradually.

It is known that some general medical practitioners favour collecting the smears themselves and have, in fact, been doing so for some time, particularly in the south of the County. In my opinion that is a desirable tendency, but if a family doctor would prefer not to do this work, then perhaps he would be agreeable to patients being referred to one of the County Council's Ante-natal Clinics for an appointment. The addresses and times of the Clinic sessions are in the County Council's "Health Services Handbook" (of which you have been provided with a copy), but if any difficulties arise in connection with

the matter, do not hesitate to communicate with me. It has been decided that patients should be advised to attend their family doctors' surgeries after an interval of a fortnight, (Dr.———— thinks this is a sufficient period) to obtain the result of the examination, whether it be negative or positive."

I wrote the following letter to County Council Maternal and Child Welfare Medical Officers on 5th May, 1965:—

"*Exfoliative Cytology*

One of the Maternal and Child Welfare Medical Officers has written to me on the question of the ages of women at which smear collection should take place. I thought, therefore, that you would be interested in the following reply I have written to her, which you may bear in mind when dealing with this matter:—

> "In reply to your letter of 2nd May, 1965, providing the resources for examination of the smears in Pathology Departments are adequate, I have no objection to the smears being collected in women of any age, apart from those that are pregnant, or who are unmarried women in their teens. The pregnant woman, however, should be invited for smear collection as soon as possible after the pregnancy is over.
>
> I would remind you that in my circular of the 9th October, 1964, addressed to General Medical Practitioners practising in the Administrative County of Derbyshire and to Maternal & Child Welfare Medical Officers, the following sentence appeared in the Report of the Ministry of Health for the year ended 31st December, 1963:—
>
> "*As a start*, screening is advised for women over 35 at five yearly intervals"."

I wrote to the Health Visitors in charge of County Council Clinics on 23rd April, 1965, (and sent copies for their information to the County Council's Medical Staff, and Health Visitors who are not in charge of County Council Clinics), intimating that the County Health Committee had agreed that the following statement on this subject should be displayed in all County Council Clinics, and that Health Visitors should draw the attention of persons attending the clinics to the statement:—

"*EXFOLIATIVE CYTOLOGY*

Commonly called Smear Tests for cancer of the neck of the womb

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their medical staff collecting smears for cytological examination at certain County Council clinics, and these facilities are now available at:—

Alfreton	Frecheville
Ashbourne	Glossop
Belper	Hackenthorpe
Bolsover	Heanor
Chaddesden	Ilkeston
Chesterfield	Long Eaton
Clay Cross	Matlock
Clowne	Ripley
Derby (Cathedral Road)	Shirebrook
Dronfield	Staveley
Eckington	Swadlincote

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964."

During the year under review, 1,823 cytology smears were taken at the County Council's Clinics.

Mass Radiography

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board:
Nottingham Area No. 2 Unit, based on Nottingham.
South Yorkshire Area Unit, based on Doncaster.
Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board:
Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being Officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of those looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:—

1962	..	3,900
1963	..	6,200
1964	..	11,100
1965	..	21,384

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and in the year under review two pairs of these pants and 800 interliners have been supplied to patients.

HEALTH EDUCATION

I have received the following report from Dr. Julia M. D. Corrigan on the activities in Health Education during the year:—

"In Derbyshire we try to organise our Health Education Service so that the greater part of the active work is done by the outside staff, e.g. school medical officers, health visitors and school nurses, but they are supported by a small section in the Health Department at the County Council Offices, who deal exclusively with their needs. Such requirements might be for the use of:—

Sound Film Projectors, of which we now own 16 models. All these projectors are based strategically throughout the County to enable an even distribution for their use by staff and the various local Home Safety Committees. The basic idea is for a projector to be placed at a clinic and for the staff attached to it to organise its use among themselves. This idea works extremely well in the majority of areas, although we do have one or two places where difficulties do arise owing to over-subscribed projectors (We are hoping to improve this situation early next year in the areas concerned).

Sound Films, of which we own 89 and have a further 20 on long-term loan. Copies of the two films "Breast Feeding" and "My First Baby" are kept with each projector for use by the Relaxation and Mother-

craft Classes. But all the other films are held at the County Health Department, to whom the staff submit their requests, usually giving about two weeks notice. This system works quite well and the films are in constant circulation throughout the County. Films on subjects not covered by our own library are hired from the big film libraries when specially requested.

Filmstrip Projectors are provided in each of the main clinics and are frequently used at the Relaxation Mothercraft Classes, as well as for Infant Welfare Clinics, Parentcraft Sessions, for special lectures to various voluntary organisations, e.g. Boy Scouts or Women's Institutes, and also for talks at schools.

Filmstrips. We now have a large library of 429. Sets of strips specially for the Relaxation Classes are kept with each of the filmstrip projectors.

An 8 m.m. Loop Projector is a new type of visual aid and is particularly useful at a busy clinic, such as an infant welfare centre, or for an exhibition stand. This projector has the appearance of a television set but uses a five minute film which is shown repeatedly. This is extremely useful because once the film loop has been placed in the projector it needs no attention apart from the initial switching on. This projector has been a feature of one or two of our larger exhibitions and is an extremely good "eye catcher".

There are only a limited number of film loops available for this machine so far, but we have produced several of our own loops quite successfully.

Exhibitions and Displays are built on request, but the larger material is used mainly for special exhibitions in Libraries, Schools and for any local special events. The health visitors have become extremely versatile in the presentation of the monthly health education topic and it is always a pleasure and surprise to note the variety of pegboard displays from the same basic materials. The health visitors are well aware of materials and we receive frequent requests for various art work requisites.

Since Mr. Bartle, Assistant Health Education Officer, joined our staff he has built a number of the larger type of exhibition stands. Some of the notable ones were:—

April, 1965—Home Safety Stands for the exhibition organised by the Chapel-en-le-Frith Home Safety Committee at the County Council Clinic, Hope.

June, 1965—Smoking and Lung Cancer stand in the Swadlincote Library to coincide with a visit of the Mass Radiography Unit.

July, 1965—Clean Food Exhibition at the Diocesan College, Mickleover, in connection with the Golden Jubilee Festivities of the Women's Institute Federation.

September, 1965—Dental Health Exhibition at the new Shirebrook Comprehensive School.

October, 1965—Home Safety Stand prepared for an exhibition organised by the Swadlincote Home Safety Committee.

Flannelgraphs are also used and material for the actual making up of personal flannelgraphs is provided, but ready-produced flannelgraphs are also available.

Posters and Leaflets are always available. We have a health education topic each month and a set of posters is sent to each health visitor. During 1965 the following subjects were covered:—

Jan. ..	Measles.	July ..	Holiday Health.
Feb. ..	Coughs and Colds.	Aug. ..	Foot Health.
Mar. ..	Smoking and Lung Cancer.	Sept. ..	Infectious Diseases and Immunisations.
April ..	Eggs and Nutrition.	Oct. ..	Fireworks Safety.
May ..	Dental Health.	Nov. ..	Dieting
June ..	Foot Hygiene.	Dec. ..	Christmas and Home Safety.

Supporting leaflets are always available and also any specialist leaflets are often requested and supplied.

On several occasions no suitable posters have been available for distribution and Mr. Bartle, at these times, has designed the following posters:—

Measles—Do you know how to stop them and what to do about them?

It's Rude and Unhealthy to sneeze all about

Germs spread colds

Selfish—keep your cold

Guard your family against flies

Guard your family against pre-cooked food

Guard your family against unwashed hands

Prolonged exposure to sunshine danger

Broken Glass

Don't drift into danger

Feet should be as clean as faces

Children are born with perfect feet

Socks should fit as well as shoes

Fireworks—a message to parents

Mental Health—Prevention

Mental Health—Treatment

Mental Health—Care

Smoking and Lung Cancer. School Medical Officers, Health Visitors, and school nurses have continued their efforts in this field. We have 5 sound films on this subject, 12 sound filmstrips and 5 ordinary filmstrips which are always in use. We have Smoking and

Lung Cancer as one of our monthly topics each year and this year posters, produced by the Ministry of Health, were distributed. A number of schools have asked to be placed on our mailing list for the monthly posters. The Senior Medical Officer for School Health has covered a number of Schools, generally the ones with which she now has standing engagements each year. Mr. Bartle has made 13 visits to schools to show films and give talks on this subject. An exhibition was arranged in the Swadlincote Public Library to support the visit of the Mass Radiography Unit and a good part of this exhibition featured the effects of smoking and the dangers of lung cancer Each year the County Council Headquarters at Matlock has a new intake of junior staff and a talk and film show has become a customary feature of the induction course through which the new entrants to local government pass.

Sex Education. We usually prefer that this subject is brought in as part of a series of lectures on health and hygiene in schools Many health visitors run extremely successful courses in their schools, and one health visitor also runs a series of similar and equally successful courses at the Chesterfield College of Technology. The lectures there cover various aspects of health and include sex education, venereal disease and smoking and lung cancer. These talks were so successful that mention was made of the good work being done in this field at Chesterfield by the *Derbyshire Times;* these courses are now part of the College normal routine. We have thirteen films dealing with various aspects of sex education such as human reproduction, venereal disease and personal hygiene We have a good stock of literature on all these subjects and frequent demand is made upon it. Many health visitors run similar courses in secondary schools, and also for various voluntary groups, such as, Girl Guides, Rangers and Girls Life Brigade, who run courses for their members working for the Duke of Edinburgh Award Scheme.

Dental Health is also a regular yearly feature of our monthly topic list. This year May was chosen as Dental Health month: this was to concide with the now annual visit of the General Dental Councils Exhibition Caravan to the County Show held at Elvaston. The visit of the trailer to this Show is one of the Show's permanent attractions, so we understand from the organisers. The Fruit Producer's Council give us crates of apples and an apple is usually given to each of the children after they have inspected the caravan. Usually large numbers of leaflets, provided by the General Dental Council, are distributed. A great deal of time and effort is used in the organising and running of this one day stand at the County Show, but we have always had such successful days that usually not an apple or leaflet is left by the end of the day, so we feel it is really justified. Mr. Bartle also built a special exhibition for display at the new comprehensive school at Shirebrook and this was very much appreciated by the School. We have six sound films dealing specifically with dental health as well as a number of filmstrips which have been widely used. The films "No Toothache for Noddy" and "No Toothache for Eskimos" have been noticeably popular in the infant schools, but steady work in other schools has been maintained

Another time-consuming project has been the contact by Mr. Bartle with various old people's groups and clubs throughout the County and also with several women's voluntary organisations. He has made 44 visits to these various organisations and has given talks and shown films mainly on home safety and occasionally on nutrition, dental health and child development. These contacts have proved very worthwhile and Mr. Bartle has received a good number of requests for return visits. In one area, the old people were so impressed that they arranged an evening for Mr. Bartle to show films to local children invited by the group themselves.

In-Service Training. Sessions have been held at various times throughout the year for School Medical Officers and Health Visitors.

Poison's Campaign. A successful "Poisons Week" was held during the last week in April and involved the distribution of 100,000 paper bags. Ten Home Safety Committees, the Pharmaceutical Society and the majority of the chemists in the County were involved. It was reported in all the local county papers, the Home Safety Magazine produced by the Royal Society for the Prevention of Accidents and led to the appearance of the Senior Medical Officer for School Health on the Midlands ATV to an audience of six million.

All the health visitors and other bodies on our monthly mailing list for posters received sets of supporting posters to display for the week of the campaign. Many other organisations have been encouraged to take up similar campaigns and we are hoping to repeat it sometime in the future.

At the time of writing this report Derbyshire has 13 Home Safety Committees. The success of these Committees is due not only to the enthusiasm of the local members but also to the generous financial aid made available from the beginning (1959) by the County Council through the County Health Committee. Both the Senior Medical Officer for School Health and the Assistant Health Education Officer are members of all the Committees and all the materials of the Health Education Section are available.

Area No. 4 Committee, whose Chairman is the Chairman of the Blackwell Home Safety Committee, is a very lively committee. The project being organised for the Jubilee Year is the "Design for a Safe Home" originated at the Blackwell Committee and was taken up by Area No. 4 who took the idea to the parent body in London.

Another service which has now become nation-wide started in a quite simple way in Heanor Home Safety Committee in 1960. The Police Inspector, who is a member of this Committee, reported than an old man's house had been burgled. He was confined to bed and it was 4 days before he was able to let the police know. The representative of the electricity authority undertook to design a signal which could be used to attract attention. This was a simple and easily made box placed by the bedside of the old person which could be switched on to produce a flashing light in the window. This was made by the Handicapped of the Welfare Department and distributed through old people's committees, Red Cross and other voluntary organisations. Now Housing

Committees are becoming interested. The boxes are battery operated and a neighbour usually agrees to look out for the light. Members of youth organisations in some areas go in regularly to check batteries and at the same time make this a social visit to the old person. This idea has snowballed all over the country and many more elaborate models have been made since in other counties.

The following are some of the activities of the various local Home Safety Committees:—

Alfreton and Ripley have advertised a chiropody service for Old Aged Pensioners free of charge, and special facilities for expectant mothers. Leaflets are circulated by Dr. Weyman concerning night-wear made of flame-resistant material. It was hoped that the purchase tax on such goods could be removed to encourage the public to buy them. 20,000 bags, bearing slogans on poison safety, were circulated by all Home Safety Committees in the county to chemists, in aid of "Poison Weekend," in conjunction with the County Health Education Service. A "Dangers on Holiday" competition was organised with money prizes. It has been decided to award certificates in lieu of prize money in future competitions. Dr. Weyman distributed leaflets to members concerning the dangers of badly maintained electrical and mechanical apparatus. The danger of unsafe, or no handrails on stairs in houses occupied by young children and old people was pointed out. Flashing lights were found to be more popular than S.O.S. cards with old people. These were obtainable from Alfreton on payment of 12s. 0d. but were to be inspected periodically by Health Visitors. 12 flashing lights were purchased and made available to old people in the district. The public and press were informed of the procedure. It was decided to place an exhibition caravan on Fire Prevention at both Alfreton and Ripley in conspicuous places. The East Midlands Electricity Board and East Midlands Gas Board arranged an additional display with a National Fire Prevention Exhibition caravan.

Blackwell supported an "Anti-Poisoning" campaign with paper bags, posters, book-marks and leaflets which were issued by the Home Safety Committees in conjunction with the County Health Education Service. These articles were circulated throughout the district. 100 posters were purchased for a "Check for Safety" campaign which were distributed within the Rural District. A Fireworks Campaign was supported by distributing leaflets and posters issued, free of charge, by the Fireworks Manufacturers' Association. Serviettes, posters and other propaganda material were purchased to support a "Buy Safe for Christmas" campaign.

Buxton organised a home safety competition in conjunction with Chapel-en-le-Frith Home Safety Committee. The County-wide "Poisons Week" campaign was supported with the distribution of leaflets. Bookmarks were distributed in the Public Library dealing with the maintenance of electric blankets and the fitting of fuses at the same time as shops were selling the appropriate electrical appliances. The National Fire Prevention Campaign was supported by arranging

for poster displays at the Public Library and the Pavilion Gardens and the Derbyshire Fire Service Caravan being exhibited in the Market. 2,000 paper table napkins were distributed to schools, youth organisations and old people's clubs for use at their Christmas parties.

Chapel-en-le-Frith supported a Home Safety Newspaper Competition, organised a Home Safety Exhibition, gave prizes for the three best entries from children who visited the exhibition and entered the essay competition. A Home Safety Exhibition was arranged at Hayfield Carnival. The National Fire Prevention Campaign was supported. Home Safety posters were prepared by school children in conjunction with Peak Dale—Village Week. The Home Safety Newspaper Competition was supported and published in two newspapers, in collaboration with Buxton Home Safety Committee. Six major firms in the Rural District agreed to co-operate with the Home Safety Committee by publicising Home Safety on their premises. An attempt was made to show that there was some connection between accidents at home and work.

Chesterfield. Home Safety handkerchiefs were purchased to sell to junior schools and members of the committee. A quantity of roundels for distribution to omnibus companies, and posters and leaflets for distribution to clinics and surgeries were purchased on the subject of "Winter Hazards—Falls and Poisoning". Derbyshire County Council supplied to the Home Safety Committee, free of charge, a quanity of paper bags, overprinted, with suitable slogans about poisons, to be distributed to chemists. Leaflets were purchased for distribution with paper bags to the chemists in the district. Booklets on "Accidents in the Home" and serviettes on Home Safety were purchased. Leaflets and posters on "Dangers of Springcleaning" were distributed to schools and youth clubs in the Rural District. Literature on the importance of gas and electrical appliances being in perfect working order were distributed to members. The National Fire Prevention Campaign was supported. 2,000 copies of the committee's handbook were made available to anybody requiring one. Literature on "Buy Safe This Christmas" campaign was purchased for distribution.

Clowne obtained and distributed 200 S.O.S. cards to Aged Persons' Clubs and such organisations throughout the district. 24 wall charts and other propaganda material were displayed in support of the safety campaign dealing with falls and poisons. The National Fire Prevention Campaign was supported and planned displays were carried out in each village. At Clowne Gala information concerning the safety of gas appliances was displayed, and the Fire Service Display Caravan was exhibited.

Glossop purchased and distributed leaflets, posters and bookmarks to Aged Persons clubs, clinics and libraries; a Schools Home Safety Competition was held. Co-operation with the County Council Medical Authorities took place over the Poisons Weekend. Paper bags overprinted with safety slogans about the handling of poisons were distributed to chemists in the district. Booklets on "Do-It-Yourself with Safety"

were issued for sale. Posters on Swimming and Safety in Water were distributed and a Home Safety Poster Competition was organised. Leaflets and posters concerning Fire Prevention and Safety with Fireworks were purchased for distribution to schools and such places.

Heanor installed flashing lights all over the area to old people living alone. Leaflets were purchased for distribution concerning Poison Week. Negotiations took place with Public Transport Authorities about advertising Home Safety. A Fire Prevention Campaign was supported and publicity was given to the danger of lead poisoning from certain household goods. A Home Safety Campaign was supported by advertising fireguards. Paper bags, overprinted with suitable slogans for Poison Week, for distribution to chemists were purchased.

Swadlincote arranged a "Fireguard Campaign". Propaganda material concerning the campaign—"Winter Hazards—Falls and Poisons" were purchased for distribution. The County Council supplied chemists with carrier-bags bearing Home Safety slogans. Propaganda material was purchased for the "Spring into Summer" campaign. An exhibition was staged in collaboration with the East Midlands Electricity Board, depicting the right and wrong uses of electrical appliances. The East Midlands Electricity Board arranged a system whereby people could leave electric blankets to be inspected and repaired in a period of about two weeks at a minimum cost of 15s. 0d. A Home Safety Exhibition was staged with help from various sources which was advertised in the local press. Leaflets were distributed to schools. The exhibition was visited by parties of school children. A supply of posters for Guy Fawkes night was issued.

Wirksworth purchased posters and leaflets for distribution to shops and surgeries concerning Winter Hazards—Falls and Poisons. Handbills were distributed on the misuse of medicines, etc., to doctors and chemists. The idea of Poison Week was supported by supplying chemists in the area with paper bags overprinted with suitable slogans. Posters and pamphlets were purchased on the subject of safety in the home during Spring Cleaning. Lists were received of approved appliances from Ro.S.P.A. and displayed in the Library. Posters were purchased on "Check for Safety" campaign. The Fire Prevention Campaign was supported and a Fire Prevention Exhibition organised, with great success. Posters on the theme of the "Buy Safe for Christmas" Campaign were purchased. Some handkerchiefs were printed on the same theme for all children at infant school."

Particulars of the use of films in the Health Education Film Library, 1965

Films	Infant Welfare Clinic	Ante-natal Clinic	Relaxation and Mothercraft Class	Parent Craft Class	School	Voluntary Organisation	Waiting Room	Others	Audience Numbers
He Acts His Age	—	—	15	—	1	2	—	—	309
Terrible Twos and Trusting Threes	—	1	23	1	1	2	—	—	497
Frustrating Fours & Fascinating Fives	—	—	14	—	1	1	—	—	299
From Sociable to Noisy Nine	—	—	4	—	—	3	—	—	184
From Ten to Twelve	—	—	2	—	—	4	—	—	112
The Teens	—	2	1	—	—	3	—	—	141
Food for Freddie	—	—	9	—	—	2	—	—	167
Nutrition in Pregnancy	—	—	88	—	—	—	—	—	710
Tailored for Timothy	—	—	49	—	—	—	—	—	384
Nothing to Eat but Food	—	—	11	—	6	5	—	1	807
Simple Nutrition	—	—	3	—	—	2	—	—	105
Kitchen Magic	4	—	15	—	2	3	—	—	447
Something You Didn't Eat	—	—	8	—	3	8	—	—	699
No Toothache for Noddy	—	—	—	—	24	—	—	—	1,411
No Toothache for Eskimos	—	—	—	—	26	—	—	—	1,524
Tooth in Time	—	—	29	—	1	1	—	1	602
Let's Keep our Teeth	—	—	—	—	5	4	—	—	405
Where There's a Will	—	—	—	—	4	1	—	—	301
Childbirth Without Fear	—	1	48	6	3	2	—	1	877
My First Baby	—	—	108	5	2	1	—	1	1,155
Breast Feeding	—	—	32	2	2	—	—	—	390
Human Reproduction	—	—	43	—	8	2	—	—	910
Story of Menstruation	—	—	1	—	46	4	—	—	1,479
The Best of Yourself	—	—	—	—	37	4	—	—	1,336
Your Body During Adolescence	—	—	15	—	4	2	—	—	607
Your Skin	—	—	—	—	17	—	—	—	409
Your Hair and Scalp	—	—	—	—	15	—	—	—	686
Unwanted Guests	—	—	—	—	6	1	—	—	547
Innocent Party	—	—	—	—	26	2	—	8	1,465
Boy to Man	—	—	—	—	26	—	—	—	1,434
¼ Million Teenagers	—	—	—	1	11	2	—	1	1,417
To Janet a Son	—	—	21	3	5	—	—	1	458
Smoking and You	—	—	—	—	3	—	—	6	365
Virginian Venture	—	—	—	—	6	1	—	2	444
This is Your Lung	—	—	—	—	18	—	—	2	1,323
No Smoking	—	—	—	—	20	—	—	61	1,930
The Smoking Machine	—	—	—	—	14	—	—	1	635

Particulars of the use of films in the Health Education Film Library, 1965—*Continued.*

Films	*Infant Welfare Clinic*	*Ante-natal Clinic*	*Relaxation and Mothercraft Class*	*Parent Craft Class*	*School*	*Voluntary Organisation*	*Waiting Room*	*Others*	*Audience Numbers*
Giuseppina	—	—	12	—	1	3	—	2	269
Mikhali	—	—	10	—	1	2	—	—	248
Talking about Kitchens	—	—	9	—	3	3	—	—	260
Peak Country	3	—	20	1	5	35	—	3	2,380
Champion of Freedom	—	—	—	—	1	7	—	3	440
Accidents Don't Happen	—	—	9	—	4	8	—	—	564
Human Factor	—	—	5	—	—	4	—	—	234
Fabrics and Fireguards	—	—	8	—	2	10	1	—	382
Life of Reilly	—	—	3	—	—	3	—	—	93
Playing with Fire	—	—	2	—	—	4	—	—	120
How to Have an Accident in the Home	—	—	5	—	4	16	1	—	603
That They May Live	6	—	45	1	16	46	1	1	3,315
I'm No Fool Having Fun	—	—	—	—	20	—	—	—	1,741
I'm No Fool in Water	—	—	—	—	19	—	1	—	1,741
I'm No Fool with Fire	—	—	—	—	7	2	—	—	440
Room for Hygiene	—	—	5	—	2	2	—	2	191
By Whose Hand	—	—	4	—	—	3	—	—	156
Most Precious Gift	—	—	9	—	2	2	—	—	160
Emergency Resuscitation Part 1	—	—	6	—	3	4	—	3	289
Emergency Resuscitration Part 2	—	—	6	—	3	4	—	3	289
Jenny Goes Home	—	—	46	—	1	1	—	—	546
Your Children Walking	2	—	12	—	—	1	—	—	199
Care of the Feet	2	—	5	—	2	1	—	—	288
Your Children's Eyes	—	—	2	—	2	—	—	—	80
Your Children's Ears	—	—	2	—	2	—	—	—	70
Growing Old	—	—	—	—	—	6	—	—	150
How to Catch a Cold	—	—	5	—	21	4	—	—	1,444
You the Human Animal	—	—	1	—	6	3	—	—	276
You and Your Eyes	—	—	—	—	10	2	—	—	462
You and Your Ears	—	—	—	—	8	1	—	—	244
Specially Hired Films	—	—	—	—	1	—	—	2	27

Particulars of talks, flannelgraphs and filmstrips given during, 1965

Films	*Infant Welfare Clinic*	*Ante-natal Clinic*	*Relaxation and Mothercraft Class*	*Parent Craft Class*	*School*	*Voluntary Organisation*	*Waiting Room*	*Others*	*Audience Numbers*
Child Welfare	11	1	177	—	32	3	—	1	2,542
Ante-Natal	—	8	183	—	2	2	—	—	1,270
Old Age	—	—	—	—	—	2	—	5	179
Home and Holiday Safety	21	4	4	—	10	5	—	—	891
Social, Health and Welfare Services	1	1	24	—	2	8	—	—	828
Food Hygiene	13	3	—	—	—	9	—	—	313
Infectious Diseases	24	1	2	—	4	5	—	—	547
Nutrition	7	—	25	—	2	5	—	—	471
Sex Education	—	—	—	—	3	—	—	—	100
Personal Hygiene	6	—	—	—	3	4	—	—	180
Smoking and Lung Cancer	1	—	1	—	12	5	—	1	847
Feet	7	—	—	—	3	—	—	—	280
Dental Health	5	2	—	—	25	—	1	2	1,306
Home Nursing	1	—	—	—	—	25	—	—	406

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements

The Home Help Service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. There is one Deputy Home Help Organiser, and six Area Organisers, also three Assistant Area Organisers. In addition Chesterfield Borough has an Area Organiser.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures:—

	1961	1962	1963	1964	1965
Home Helps	413	497	508	599	679
Cases Served	2,446	2,878	3,177	3,609	4,179
Area Home Help Organisers	6	6	7	7	7
Assistant Area Home Help Organisers ..	—	—	—	—	3

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures (which do not include Chesterfield):—

Year	*No. of Old Persons assisted*
1952	192
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697
1965	3,178

Availability of the Service

The Area Home Help Organisers may be contacted at the following places:—

(1) *North-West of the County*—Mrs. Sweeney—Glossop Clinic, Tel. Glossop 3532. 10.30 a.m.-12 noon.

(2) *North of the County*—Miss Haythornthwaite—Eckington Clinic. Tel. Eckington 2591—10.30 a.m.—12 noon.

(3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic, Tel. Clay Cross 3131—10.30 a.m.–12 noon.

(4) *Centre of the County*—Miss Priestley—Ripley Clinic, Tel. Ripley 2320—10.30 a.m.–12 noon.

(5) *South-East of the County*—Mrs. Holmes—Ilkeston Clinic, Tel. Ilkeston 3347—10.30 a.m.–12 noon.

(6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel. Derby 45934—10.30 a.m.–12 noon.

Particulars of the Service are also available from the local health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Hand Book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock, (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

The service is available in various cases, of which the following are examples:—

(*a*) Maternity.

(*b*) Where a housewife falls sick or must have an operation.

(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.

(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.

(*e*) Where several members of a household are ill at the same time.

(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.

(*g*) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem:—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups:—
(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.
(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.
(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e., that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group (2) (*a*) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.
Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment and subsequently at six-monthly intervals.
It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps

The present hourly rate for Home Helps is 4s. 6d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay are also paid.

Home Helps are supplied with nylon overalls.

An additional three days holiday each year is allowed to Home Helps after five years service and a further three days holiday after twelve years service.

Employment of Relations

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval

is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a scale of assessment.

MENTAL HEALTH SERVICE

Procedure for Admission to Hospital

This is the same as for 1964, but of course the figures are different. An increasing number of patients have been admitted informally.

Training Centres

Routine medical and dental inspections are carried out by the appropriate professional staff of the County Health Department.

I mentioned in my Annual Report for 1963 that the County Council had purchased a site at Alfreton Park, for the purpose of building a Junior Training Centre, a Senior Training Centre and a Hostel for subnormal young adolescent males. These premises are at present being constructed and it is anticipated that they will be completed by approximately August, 1967. The Training Centres are to replace existing premises at present rented in Alfreton. The Junior Centre will be for 80 children (male and female), and the Senior Training Centre will be for 130 (male and female). The residential Hostel will provide for 22 subnormal and severely subnormal males aged 16 or over. It is intended that the majority of these residents will be in employment, but if they are not they will attend the Senior Training Centre. The work in the Senior Training Centre will be mainly horticultural as the Centre is being built adjacent to the existing kitchen gardens. Woodwork, laundry and domestic work will be carried out at the Centre. The Junior Centre will be run, as far as possible, as a Junior School and provision will be made for handicrafts, play therapy and speech training.

Negotiations are at present taking place for the acquisition of a site at Newhall, Swadlincote, for proposed Junior and Senior Training Centres and a Hostel for the mentally subnormal.

The year 1965 has seen the introduction of many new activities in the Training Centres and emphasis has been given to those which are concerned with the teaching of social competence to the trainees.

Junior Training Centre activities include membership of and visits to libraries, visits to railway and ambulance stations, a farm, shops, small works and other places of interest. Swimming lessons are being given where possible and Tuck Shops in the Centres teach coin recognition and money values. Lessons are given in grooming and hygiene.

Senior Training Centre activies include membership of and visits to libraries, visits to works and places of interest. Males as well as females are given lessons in cooking and other domestic subjects, grooming and hygiene. Pocket money is now paid to all trainees attending the Senior Training Centres.

The results of these activities are promising and speak well for the future.

Conferences and Courses

Three trainee students were accepted for the two-year Course by the Leeds College of Commerce for preparation for the examination leading to the Diploma of the Training Council for teachers of the mentally handicapped.

Five trainee students successfully completed the National Association for Mental Health Course in 1965, and they were absorbed into the Training Centres.

A male assistant Supervisor, employed at one of the adult Training Centres successfully completed the one-year Diploma Course for staffs of Training Centres for mentally subnormal adults in 1965, organised by the National Association for Mental Health.

Training Centres in the County are used by the National Association for Mental Health as Training Schools for candidates on the Course engaged in their practical training.

The Senior Organiser for Training Centres and nine members of the Training Centres staff attended a week's refresher course held at Sheffield during 1965 under the auspices of the National Association for Mental Health.

One Mental Welfare Officer was accepted for the two-year Younghusband Course at Nottingham commencing in September 1965, leading to the Certificate in Social Work awarded by the Council for Training in Social Work.

Two Mental Welfare Officers attended an annual conference organised by the Federation of Associations for Mental Health Workers at Scarborough in 1965.

A Senior Mental Welfare Officer attended a Mental Health Services Conference "Continuity of Treatment: Hospital at Home", organised by the National Association for Mental Health.

The Matron of one of the Hostels for subnormal children attended a residential course for staffs of Hostels at Haywards Heath, also under the auspices of the National Association for Mental Health.

Hostel for the Rehabilitation of the Mentally Ill.

I mentioned in my Report for the year 1964 that Red House Hostel, Chesterfield, for the rehabilitation of the mentally ill, was opened in August of that year, following the appointment of suitable staff, with accommodation for 22 patients.

Since its acquisition the Hostel has been administered by the County Health Committee. The Hostel has, however, never been fully occupied because of a lack of suitable patients and, following the resignation of the Superintendent and Matron towards the end of 1965, it was found impossible to manage this establishment due to the difficulty of recruiting staff of the right calibre, and it became necessary to consider the use of Red House for other purposes. Discussions have taken place between representatives of the County Council, the Sheffield Regional Hospital Board and the Chesterfield and the Derby Hospital Management Committees, and it has been agreed that the Hostel could best be used as a short-term care unit for the elderly, which could best be administered for this purpose by the County Welfare Committee. The County Health Committee have endorsed this suggestion and have approved of the appropriation of the buildings by the County Welfare Committee.

Special Care Units for the Severely Subnormal

The Special Care Unit at "Highfield", Holbrook Road, Belper, to which I referred in my Annual Report for 1964, opened on 6th September, 1965. This Unit will accommodate between 20 and 25 patients on five days a week.

I mentioned in my Annual Report for 1963 that another house had been acquired at Norbriggs, Staveley, for use as a Special Care Unit.

The adaptations to provide facilities for a special care unit are expected to be carried out during 1966/67. Office accommodation is provided at Norbriggs House for three Mental Welfare Officers and a clerk, as well as a caretaker/driver (the last mentioned being a "standby" driver for the Chesterfield Training Centres).

Open Days and Sales of Work

These take place in the various Centres at regular intervals throughout the year. They serve a useful purpose as they help to bring home to the general public the type of child or trainee we are dealing with and the type of training we give, and by doing this we hope to promote a better understanding and sympathy for this section of the community.

Social Clubs are held in the Senior Training Centres once a week.

Seaside Holidays

The County Council has rented a Holiday camp in Rhyl for two weeks. Two groups were taken under the charge of the Senior Organiser for Training Centres. The patients from the Junior and Senior Training Centres from the North-East and North-West of the County, as well as the adults attending the craft instruction classes, went in the first week. In addition a party of females from Whittington Hall Hospital was taken, accompanied by some Nurses. The remainder went the following week, as well as a party of male patients from Ridgeway Hospital, accompanied by their Nurses. Training Centre staff went with the trainees.

Seaside holidays have been arranged for some years and are greatly enjoyed by trainees and staff, who renew old friendships and also form new ones.

The National Association for Mental Health

This Association is of assistance in arranging Courses of instruction which are attended by Medical Officers employed in the County Health Department of the Council with a view to their being approved under the Medical Examinations (Subnormal Children) Regulations, 1959. It also arranges for Courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these Courses which are held under their auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally, it arranges conferences relating to matters dealing with Mental Health. The County Council make an annual subscription of £30 to the Association.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the sub-normal and severely sub-normal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely sub-normal patients on leave from Hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Work undertaken in the Community

(*a*) *Under Section* 28 *of the National Health Service Act,* 1946.

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients in their homes bi-monthly or quarterly, but more

frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A record of each case is kept in the Central Office.

(*b*) *Under the Mental Health Act*, 1959. *Admission to Hospitals.*

During the year 1965, as shown in the following table, 1,812 patients were admitted to Mental Hospitals and in respect of 508 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information was given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act. It is noteworthy that approximately 71.6% of the cases were admitted informally under the Mental Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment may bring about recovery.

Admissions to Hospitals for the Mentally Ill.

During the period 1st January, 1965, to 31st December, 1965, the following numbers of patients were admitted to hospitals for the mentally ill:—

Hospital	*Males*	*Females*	*Total*
Pastures Hospital, Mickleover	459	648	1,107
Kingsway Hospital, Derby	153	264	417
Scarsdale Hospital, Chesterfield	56	61	117
Parkside Hospital, Macclesfield	33	63	96
St. Thomas' Hospital, Stockport	9	15	24
Mapperley Hospital, Nottingham	5	2	7
St. Mathew's Hospital, Lichfield	3	2	5
Barony Hospital, Nantwich	—	1	1
Middlewood Hospital, Sheffield	2	5	7
Coppice Hospital, Nottingham	2	8	10
Cheadle Royal Hospital, Cheadle	—	3	3
Ollersett View, New Mills	—	1	1
Aston Hall, Aston-on-Trent	—	2	2
Rauceby Hospital, Sleaford, Lincs. ..	1	2	3
Mary Dendy Hospital, Alderley Edge ..	1	1	2
Offerton House, New Mills	1	—	1
Saxondale Hospital, Radcliffe-on-Trent ..	1	—	1
Whittington Hall, Chesterfield	—	1	1
Hollymoor Hospital, Birmingham	—	1	1
Chesterfield Royal Hospital, Chesterfield ..	—	1	1
Storthes Hall, Kirkburton, Huddersfield ..	1	—	1
Ashton General Psychiatric Unit, Ashton-under-Lyne	—	4	4
	727	1,085	1,812

These patients were admitted in the circumstances set out below:—

Mental Health Act, 1959

	Males	*Females*	*Total*
Informal Admissions (Section 5)	514	783	1,297
Admissions for observation (Section 25) ..	54	72	126
Admissions for treatment (Section 26) ..	8	15	23
Emergency Admissions for Observation (Section 29)	144	215	359
Court Orders for Admission (Section 60) ..	3	—	3
Removal to Hospital of persons serving sentences of imprisonment (Section 72)..	4	—	4
	727	1,085	1,812

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions, during the year for further treatment after a short stay in hospital. This quick re-admission rate has, of course, given rise to a large number of emergency admissions under Section 29 of the Mental Health Act, many of them being the same patient.

(*c*) *Cases Under Guardianship*

At the 31st December, 1964, one female patient was under Guardianship, but she was discharged early in January, 1965. No other cases were placed under Guardianship during 1965.

(*d*) *Admissions to Hospitals for the Mentally Subnormal*

The following table shows the number of patients admitted during the year 1965:—

	Under age 16		*Over age 16*		*Total*		*Total Cases*
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	
Informal admissions	2	5	—	8	2	13	15
Admissions under Order:—							
Section 25	—	—	1	3	1	3	4
Section 26	—	—	—	1	—	1	1
Section 29	—	—	—	1	—	1	1
Section 41	—	—	—	1	—	1	1
Section 60	—	—	1	—	1	—	1
Other Admissions: Section 4 (Criminal Justice Act) ..	—	—	1	—	1	—	1
	2	5	3	14	5	19	24

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1965.

Area	*Under* 16		*Over* 16		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 70,860)	1	—	1	—	2	—	2
Sheffield Regional Hospital Board Area (Population 707,180)	37	10	17	14	54	24	78
Whole County	38	10	18	14	56	24	80

The urgent waiting list has been as follows during the last few years:—

1961	1962	1963	1964	1965
104	110	85	92	80

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay

In order to afford some measure of relief to harassed parents of mentally sub-normal children who are awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay, and during the year 196 cases were admitted for periods of two to eight weeks. This figure also includes cases admitted for short term care through the Manchester Regional Hospital Board, and elsewhere. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the child. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

APPENDIX to the Table on page 146

	Mentally Ill		*Subnormal and Severely Subnormal*		*Total*
	Under 16	*Over* 16	*Under* 16	*Over* 16	
(*b*) (*i*) Attending:—					
Day Training Centres ..	—	1	188	251	440
Craft Classes	—	—	—	12	12
Special Care Unit	—	—	13	—	13
Voluntary Services ..	—	—	7	1	8
	—	1	208	264	473
(ii) Awaiting entry:—					
Training Centres	—	—	12	43	55
Craft Classes	—	—	—	20	20
Special Care Unit	—	—	34	4	38
	—	—	46	67	113

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959

MENTAL HEALTH STATISTICS FOR 1965

Part 1.

Number of Patients under L.H.A. care at 31.12.65	Mentally ill				Psychopathic				Sub-normal				Severely sub-normal				Total Sub-normal and Severely Sub-normal		Grand Total of cols. (1) to (16)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16	16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	(17)	(18)	(19)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(a) Total number	2	2	325	437	2	1	17	13	15	20	170	200	185	120	302	283	340	955	2,094
(b) (i) *Attending day training centre	—	—	1	—	—	—	—	—	9	13	35	33	106	80	112	84	208	264	473
(ii) *Awaiting entry thereto	—	—	—	—	—	—	—	—	2	3	6	9	27	14	32	20	46	67	113
(c) (i) Resident in residential training care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) (i) Receiving home training	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	1	—	5	5
(ii) Awaiting home training	—	—	—	—	—	—	—	—	—	—	3	5	1	2	6	13	3	27	30
(e) (i) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	1	—	2	—	13	5	2	4	19	8	27
(ii) Awaiting residence in L.A. home/hostel	—	—	2	—	—	—	—	—	2	—	4	—	—	1	21	2	3	27	32
(iii) Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	—	1	3	4
(iv) Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) (i) suitable to attend a training centre	—	—	6	3	—	—	—	—	—	—	22	14	1	1	2	9	2	47	58
(ii) others	2	2	316	434	2	1	17	13	4	4	105	138	56	27	146	162	91	551	1,429

Number of children under age 16 attending day or residential training centres who have not been included because they do not come within the categories covered in columns (1) to (16)	Male	Female
	Nil	Nil

* (b) (i) and (b) (ii) include Training Centres, Craft Classes, Special Care Units and Voluntary Services. Details are given in the Appendix. on page 145

Notes

1. Figures should refer to the Authority's own patients only, including those attending a centre belonging to another Authority.
2. As it is possible for patients to be included in more than one of the categories listed, item (*a*) may not be a total of items (*b*) to (*f*), but is intended to be the total number of patients under care at the end of the year. Patients receiving or awaiting voluntary services should be included. Item (*e*) should not include patients already included in item (*c*).

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1965

Part II.

	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Total subnormal and severely subnormal		Grand Total of cols. (1) to (16)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Under 16	16 & over	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.65 (*a*) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	1	3	38	11	16	11	49	31	80
(*b*) Not in urgent need of hospital care	—	—	—	4	—	—	—	—	—	—	1	—	16	10	23	18	26	42	72
(*c*) Total	—	—	—	4	—	—	—	—	—	—	2	3	54	21	39	29	75	73	152
2. Number of admissions for temporary residential care (e.g. to relieve the family) (*a*) To N.H.S. hospitals	—	—	—	3	—	—	—	—	4	—	7	13	79	29	34	28	112	82	197
(*b*) To LA. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
(*c*) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(*d*) Total	—	—	—	3	—	—	—	—	4	—	7	14	79	29	34	29	112	84	199

Note Persons shown in item 1 above should also be included in the figures of patients under L.H.A. care in Part I of this form.

Part III.

Number of patients referred to Local Health Authority during year ended 31st December 1965

Referred by	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Total Sub-normal and Severely Sub-normal		Grand Total of cols. (1) to (16) (19)
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16	16 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	(17)	(18)	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(*a*) General practitioners	4	13	466	607	2	—	4	3	1	—	3	3	1	1	—	—	3	6	1,108
(*b*) Hospitals, on discharge from in-patient treatment	5	6	272	389	1	—	8	4	—	—	2	3	—	1	4	2	1	11	697
(*c*) Hospitals, after or during out-patient or day treatment	—	1	177	249	—	—	6	6	—	—	1	—	—	—	—	—	—	1	440
(*d*) Local education authorities	—	—	1	1	—	—	—	—	6	10	14	8	14	11	—	3	41	25	68
(*e*) Police and courts	—	2	53	43	1	1	13	3	—	—	—	—	—	—	—	—	—	—	116
(*f*) Other sources	—	3	93	132	—	—	6	2	—	1	3	6	11	7	4	5	19	18	273
(*g*) Total	9	25	1,062	1,421	4	1	37	18	7	11	23	20	26	20	8	10	64	61	2,702

Note Only one referral should be recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

APPENDIX I

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH STATISTICS FOR 1965

BIRTHS

Part A. BIRTHS

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary ..	4,188	20	4,208
2. Institutional ..	10,256	206	10,462
3. Total	14,444	226	14,670

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home								Born	
		Died			Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	within 24 hours of birth	in one and under 7 days	in 7 and under 28 days	Total births	Died: within 24 hours of birth	Died: in 1 and under 7 days	Died: in 7 and under 28 days	Total births	Died: within 24 hours of birth	Died: in 1 and under 7 days	Died: in 7 and under 28 days	in hospital	at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
8oz. or less	24	18	6	—	—	—	—	—	5	4	—	—	15	—
2lb 3oz. up to including 3lb	44	14	4	—	2	—	—	—	3	—	1	—	40	—
3lb 4oz. up to including 4lb	106	2	3	2	6	—	—	—	8	3	1	—	31	1
4lb 6oz. up to including 4lb	149	7	1	1	11	—	—	—	10	—	—	—	15	—
4lb 15oz. up to including 5lb	325	5	—	1	75	—	—	—	5	1	—	—	12	2
al	648	46	14	4	94	—	—	—	31	8	2	—	113	3

1,000g, or less, 2=1,001–1,500g, 3=1,501–2,000g, 4=2,001–2,250g, 5=2,251–2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance (see Note 1)		Number of sessions held by (see Note 2)				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis (see Note 3)	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2,073	179	1,096	92	2	23	1,213

NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practitioners.
2. The actual number of sessions is required *not* sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
3. Col. (5) should not include sessions held by general practitioners for their own patients.
4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,284
		(b)	Domiciliary booked	696
		(c)	Total	1,980
2	Total number of attendances during the year			10,012

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by (see Note 1)				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1965	Born in 1964	Born in 1960-1963	Total	Medical Officers	Health visitors	G.Ps employed on a sessional basis (see Note 2)	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
10,106	10,008	9,016	29,130	2,407	3,105	9	—	5,521	157	4,743

NOTES: 1. The actual number of sessions is required *not* sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
2. Column 7 should not include sessions held by general practitioners for their own patients.
3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother etc. All children on the register should be counted, regardless of whether they attend the centre.
5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A–C	21	7	84	112

NOTES: A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.

A list giving the names and addresses of any clinics (a) discontinued and (b) started during the year should be attached.

There have not been any Clinics opened or closed, but 1 "adapted" has gone over to "purpose built".

HEALTH VISITING, HOME NURSING AND HOME HELP.

Part A. HEALTH VISITING

	Cases visited by health visitors	Number of cases
1	Children born in 1965	14,216
2	Children born in 1964	13,855
3	Children born in 1960-63	27,503
4	Total number of children in lines 1—3	55,574
5	Persons aged 65 or over	2,207
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	1,572
7	Mentally disordered persons	55
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	50
9	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	334
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	200
11	Number of tuberculous households visited	784
12	Number of households visited on account of other infectious diseases	121
13	Number of tuberculous households visited by tuberculosis visitors	—

NOTES: 1. The list of cases is not comprehensive and other cases which are visited should not be included in the table.
2. If a case is appropriate to more then one line it should be included in all appropriate lines.
3. Figures should include cases visited by voluntary organisations acting as agents of the Authority.
4. In the case of tuberculous households, or other infectious diseases, households only should be counted.
5. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	13,466
2	Number of persons who were aged under 5 at first visit in 1965	366
3	Number of persons who were aged 65 or over at first visit in 1965	5,706

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit in 1965	aged under 65 on first visit in 1965				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
	(1)	(2)	(3)	(4)	(5)	(6)
Number of cases	3,459	20	1	323	376	4,179

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

DAY NURSERIES, DAILY MINDERS AND REGISTERED NURSING HOMES

Part A. DAY NURSERIES

	Number at end of year (1)	Number of approved places (2)	Average daily attendance (3)
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of N.H.S. Act 1946	4	205	151.3

Part B. DAILY MINDERS AND REGISTERED NURSERIES

		Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946 Section 22
		Premises registered at end of year		Daily minders registered at end of year	Daily minders receiving fees from the Authority at end of year
		Factory (1)	Other nurseries (2)	(3)	(4)
1	Number	—	14	19	—
2	Number of places (Cols. (1) & (2)) and number of children minded at end of year (Col.(4))	—	195		—

Part C. REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 to 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED BY THE NURSING HOMES ACT, 1963.

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
1	Homes registered during year	1	—	7	7
2	Homes whose registrations were withdrawn during year	—	—	—	—
3	Homes on register at end of year	6	17	83	100

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936.

The powers and duties of the County Council for the respective areas { Chesterfield Corporation; Glossop Corporation; Ilkeston Corporation

MOTHER AND BABY HOMES

Part A.

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home Borrowash House Borrowash Derby	Catholic Children's Society, 7 Colwich Road, West Bridgeford, Nottingham

Part B

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	50	16	78
2	Post-natal	10	1	35
3	Shelter	—	—	—
4	Total	60	17	113

5	Number of cots	9	6	Number of cases included above for which Authority accepted financial responsibility	—

NOTE: Cases which extend over more than one category in column (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of column (3).

Part D.

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	84

MEDICAL STAFF ENGAGED ON MATERNITY AND CHILD WELFARE SERVICES AS AT 31st DECEMBER, 1965

Part A. SALARIED MEDICAL STAFF (engaged on maternity and child welfare work)

	Description of post (1)	Number employed	
		whole-time (2)	part-time (3)
1	Senior Maternal and Child Welfare Medical Officer	1	—
2	Maternal and Child Welfare Medical Officers	4	—
3	Assistant County Medical Officers of Health	—	5
4	Assistant Maternal & Child Welfare and School Medical Officers	—	23
5	Medical Officer of Health	—	1
6	Deputy Medical Officer of Health	—	1

Part B. USE OF PREMISES BY GENERAL PRACTITIONERS

Number of general practitioners who used L.H.A. premises during the year for sessions reserved for patients on their list

For ante-natal or post-natal sessions (1)	For child welfare sessions (2)
—	—

NOTE: General practitioners who hold ante-natal and child welfare sessions should be included in both columns.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN

Part A. DENTAL TREATMENT—NUMBERS OF CASES

		Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year* (3)
1	Expectant and nursing mothers	27	19	17
2	Children aged under 5 and not eligible for school dental service	799	463	403

NOTE: School Dental Service figures should not be included.

* If a patient has more than one course of treatment during the year, each course should be counted.

Part B. DENTAL TREATMENT PROVIDED

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Expectant and nursing mothers	7	33	—	—	40	6	4	3	1
Children aged under 5 years and not eligible for school dental service	—	106	1,057	—	508	253	—	—	—

NOTES: Figures should refer to number of treatments and not to number of persons.

School Dental Service figures should not be included.

Part C. NUMBER OF PREMISES AND SESSIONS

1	Number of dental treatment centres in use at end of year for services shown in Part B above	8
2	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	132

NOTE: School Dental Service figures should not be included.

STAFF RETURN (OTHER THAN MEDICAL AND DENTAL) AS AT 31st DECEMBER, 1965

Part A. HEALTH AND TUBERCULOSIS VISITING, MIDWIFERY HOME NURSING AND CLINIC STAFF

		Number of whole-time staff (1)	Number of part-time staff (2)	whole-time equivalent of column (2) (3)	Immediate vacancies (in whole-time equivalents) (4)
1	Total staff	228	112	70.3	19
2	Administrative and supervisory	4	4	1.8	—
3	Health visitors	—	74	51.5	10
4	Tuberculosis visitors solely on tuberculosis visiting	—	—	—	—
5	Home nurses	136	14	7.0	1
6	Midwives	88	18	9.0	8
7	Other S.R.N.	—	2	1.0	—
8	Other S.E.N.	—	—	—	—
9	Auxiliary staff	—	—	—	—

NOTES: 1. All staff are to be included in line 1 and also in lines 2 to 9 according to their normal duties. Staff of voluntary organisations acting as agents of the Authority should be included.

2. Staff who are purely administrative or supervisory are to be included in lines 1 and 2 only. Staff who are partly administrative or supervisory should be shown in Col. (2) line 2 and in any of lines 3-9 which are appropriate.

3. All Local Authority Staff who also undertake school health service duties are to be counted as part-time and shown in Col. (2) lines 1-9: The time they spend on school health service duties should be excluded from Part A Col. (3) and shown in Part B. 2.

4. Whole-time staff (excluding those in 3 above) who undertake combined duties should be shown in line 1 Col. (1) as whole-time and in Col. (2) lines 2-9 as part-time against each of the duties normally performed.

5. The following staff should be excluded:
Whole-time school nurses
Students, pupils and health visitor tutors
Staff in nurseries (see Part C)

6. Column (4) should show vacancies which would be filled immediately if possible.

7. Auxiliary staff should include lay clinic assistants and other unqualified staff but not clerical staff.

8. Decimals not fractions should be used in Cols. (3) and (4).

Part B. SCHOOL NURSING

1	Number of staff included in Part A who also undertake school nursing duties	77
2	Total whole-time equivalent of school nursing duties undertaken by these staff	23.0

Part C. NURSERY STAFF

	Nursery supervisors (1)	Matrons		Deputy Matrons		Staff nursery nurses			Other staff (excluding domestics)		
		S.R.N. R.S.C.N. or R.F.N. (2)	Others (3)	S.R.N. R.S.C.N. or R.F.N. (4)	Others (5)	S.R.N. R.S.C.N. or R.F.N. (6)	S.E.N. (7)	Nursery nurses (8)	Wardens (9)	Nursery students (10)	Others (11)
1 Number in post	—	2	2	1	2	—	—	15	4	20	3
2 Immediate Vacancies	—	—	—	—	—	—	—	—	—	—	—

Part D. HEALTH VISITORS AND TUBERCULOSIS VISITORS

1	Number of group advisors			—
2	Number of health visitor tutors			—
3	Number of qualified staff engaged solely on tuberculosis visiting	(a)	Qualified health visitors	—
		(b)	Qualified tuberculosis visitors only	—
4	Number of health visitors and tuberculosis visitors acting under dispensation	(a)	Engaged solely on tuberculosis visiting	—
		(b)	Others	—

Part E. HOME NURSES

1	Number of S.R.Ns., R.S.C.Ns. and R.F.Ns. not employed solely on administrative and supervisory duties	(a)	Male	—
		(b)	Female	143
2	Number of state enrolled nurses			7
3	Number of nurses who have completed a course of district training			10
4	Number of student district nurses in training at end of year			—

Part F. SUPERVISORY STAFF

1	Is a chief or superintendent nursing officer employed for all nursing services ?	No
2	Number of non-medical supervisors of midwives employed *	3
3	Number of superintendent health visitors employed	2
4	Number of home nursing superintendents employed *	3
5	If any staff are engaged on a combination of the above duties please specify:	
	*Lines 2 & 4. 2 Non Medical Supervisors of Midwives & Home Nursing Superintendents undertake 50% each post.	

Part G. HOME HELP

1	Number of home help organisers and assistant organisers	(a)	Whole-time	12
		(b)	Part-time	—
		(c)	Whole-time equivalent of (b)	—
2	Number of home helps	(a)	Whole-time	201
		(b)	Part-time	478
		(c)	Whole-time equivalent of (b)	296.25

Part H. CARE OF ILLEGITIMATE CHILDREN (Circular 2866)

1	Qualifications of field worker if employed	None employed
2	If a field worker is not employed, what arrangements are made for this work to be undertaken ?	The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

MIDWIFERY STAFF RETURN AS AT 31st DECEMBER, 1965

Part A. DOMICILIARY MIDWIFERY

omiciliary Midwives Employed by	Administrative and Supervisory staff			Domiciliary midwives		
	Whole-time (1)	Part-time (2)	Whole-time equivalent of (2) (3)	Whole-time (4)	Part-time (5)	Whole-time equivalent of (5) (6)
e Authority	1	2	1	88	18	9.0
untary organisations ng as agents for the thority	—	—	—	—	—	—
M.C. or B.G.				—	—	—

4	Number of midwives approved as teachers included in lines 1-3 above	7

NOTE: The combined figures of domiciliary midwives in lines 1, 2 and 3 (columns 4, 5 and 6) above should agree with the figures in Part A, line 6 on form L.H.S. 27/8.

Decimals not fractions should be used in Cols. (3) and (6).

Part B. OTHER MIDWIVES (not included in Part A)

1	Number practising in the Authority's area (excluding those in N.H.S. hospitals)	—

Part C. PUPIL MIDWIVES

1	Number of pupils who have completed district training in the area during the year as part of a Part II midwifery course	Wholly on the district	—
		Partly on the district	9
2	Number in training at end of year	Wholly on the district	—
		Partly on the district	10

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1965

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked (1)	Doctor booked (2)	Total (3)	(4)
182	4,006	4,188	4,715

NOTES 1. This table relates to women delivered, and not, in the case of multiple births, to infants.

2. Cases appropriate to column (4) should not be entered in the other columns.

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1965 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																		
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																			
ALFRETON	2	–	–	–	–	–	–	–	–	8	15	9	2	20	3	3	35	52	2	29	12	–	11	14	4	2	1	1	1	–	1	15	2	7	1	–	252
ASHBOURNE	1	–	–	–	–	–	–	–	–	–	3	–	–	8	–	1	16	15	–	3	7	–	4	2	–	–	–	–	–	–	1	7	–	–	1	–	69
BAKEWELL	–	–	–	–	–	–	–	–	–	1	1	–	–	4	–	–	28	13	1	11	4	–	3	4	3	–	–	–	–	–	–	5	–	2	–	–	80
BELPER	–	–	–	–	–	–	–	–	1	3	10	8	–	19	–	2	54	48	7	21	9	–	13	8	2	2	–	1	3	–	2	16	1	7	1	–	238
BOLSOVER	–	–	–	–	–	–	–	–	–	3	6	4	–	11	1	1	9	18	–	19	4	–	2	5	5	1	–	1	–	–	–	6	–	1	1	–	96
BUXTON (Borough) ..	–	–	1	–	–	–	–	–	2	6	6	2	2	22	1	1	52	67	4	36	8	–	7	14	–	2	1	1	2	–	–	14	2	1	2	–	256
CHESTERFIELD (Bor'gh)	4	–	1	–	–	–	–	–	–	20	43	8	6	76	6	5	117	154	15	86	33	–	48	48	11	7	4	5	3	–	6	53	10	27	6	1	803
CLAY CROSS	–	–	–	–	–	–	–	–	–	–	3	–	–	9	1	1	12	16	–	2	3	–	4	11	3	–	–	–	1	–	2	6	3	2	1	–	80
DRONFIELD	–	–	–	–	–	–	–	–	–	2	7	–	1	10	1	–	11	31	4	10	3	–	4	6	–	–	–	–	–	–	2	9	1	2	–	–	104
GLOSSOP (Borough) ..	2	–	1	–	–	–	–	–	–	5	5	6	1	23	1	–	53	50	1	29	9	1	12	22	3	–	–	12	–	–	1	21	5	2	1	–	266
HEANOR	1	–	–	–	–	–	–	–	–	6	10	4	1	25	2	3	44	46	4	34	24	–	8	10	2	3	1	2	1	–	1	14	1	5	2	–	254
ILKESTON (Borough) ..	1	–	1	–	–	–	–	–	–	11	18	10	–	31	3	3	67	68	9	38	13	–	20	34	2	1	3	1	4	–	7	21	6	6	3	–	381
LONG EATON	2	1	–	–	–	–	–	–	1	7	15	10	4	36	2	3	46	71	9	45	18	1	27	25	2	2	–	2	1	1	3	23	6	7	3	–	373
MATLOCK	–	–	–	–	–	–	–	–	–	1	5	1	3	24	1	3	37	47	5	18	9	–	5	11	1	2	1	2	1	–	3	16	1	13	1	–	211
NEW MILLS	1	–	–	–	–	–	–	–	–	1	4	2	3	7	–	1	23	22	–	15	22	–	3	12	1	1	1	–	4	–	1	11	–	2	2	–	139
RIPLEY	1	–	–	–	–	–	–	–	1	9	5	4	1	12	1	3	22	48	5	15	10	–	6	7	2	–	2	–	1	–	–	11	3	4	1	–	174
STAVELEY	1	–	–	–	–	–	–	1	–	8	5	1	–	17	–	4	22	27	6	13	6	–	11	12	5	2	–	1	3	–	–	16	2	6	1	–	170
SWADLINCOTE ..	2	–	–	–	–	–	–	–	–	6	6	1	4	29	–	2	33	52	7	28	8	–	4	15	2	2	1	2	1	–	3	19	4	3	4	–	238
WHALEY BRIDGE ..	–	–	–	–	–	–	–	–	–	4	3	–	3	4	–	2	12	15	1	8	8	–	3	5	1	1	1	–	–	–	–	2	–	3	1	–	77
WIRKSWORTH	–	–	1	–	–	–	–	–	–	1	2	–	1	5	–	–	6	15	1	5	6	–	3	6	–	–	1	–	1	–	–	2	1	2	1	–	60
URBAN DISTRICTS ..	18	1	5	–	–	–	–	1	5	100	172	70	32	392	23	38	699	875	81	465	216	2	198	271	49	28	17	31	27	1	33	287	48	102	33	1	4,321
(RURAL)																																			
ASHBOURNE	–	1	–	–	–	–	–	–	–	1	5	6	–	13	2	3	9	25	2	16	15	–	1	1	–	2	1	–	1	–	2	8	–	1	2	–	117
BAKEWELL	1	–	–	–	–	–	–	1	–	4	12	5	1	26	2	4	35	52	3	31	12	–	10	13	2	1	–	–	1	–	3	27	2	1	–	–	249
BELPER	2	–	–	–	–	1	–	–	–	11	12	5	–	37	3	3	70	82	9	41	26	–	18	14	1	5	1	–	5	–	4	23	7	5	3	–	388
BLACKWELL	1	–	–	–	–	–	–	–	–	17	16	6	1	32	2	4	54	68	5	56	16	1	21	33	11	4	–	4	–	–	5	34	16	18	6	1	432
CHAPEL-EN-LE-FRITH	–	–	–	–	–	–	–	–	–	11	4	4	3	24	–	2	39	50	1	35	12	–	8	6	1	4	–	3	2	–	2	11	2	4	1	–	229
CHESTERFIELD ..	3	–	–	–	–	–	–	–	1	23	32	12	7	71	6	8	158	166	15	80	51	–	41	62	22	6	4	7	3	–	14	65	10	29	6	2	904
CLOWNE	–	–	–	–	–	–	–	–	1	5	6	3	2	13	1	–	29	36	4	24	5	–	14	15	5	1	3	–	–	–	3	14	3	3	1	1	192
REPTON	–	–	1	–	–	–	–	–	2	10	21	9	2	28	2	1	65	100	17	91	29	1	36	29	1	1	3	1	1	–	5	28	7	6	3	–	500
S.E. DERBYSHIRE ..	4	1	2	–	–	1	–	–	1	28	55	20	13	91	7	13	135	190	24	132	41	–	56	66	6	4	5	6	3	–	8	49	17	18	12	–	1,008
RURAL DISTRICTS ..	11	2	3	–	–	2	–	1	5	110	163	70	29	335	25	38	594	769	80	506	207	2	205	239	49	28	17	21	16	–	46	259	64	85	34	4	4,019
URBAN DISTRICTS ..	18	1	5	–	–	–	–	1	5	100	172	70	32	392	23	38	699	875	81	465	216	2	198	271	49	28	17	31	27	1	33	287	48	102	33	1	4,321
WHOLE COUNTY ..	29	3	8	–	–	2	–	2	10	210	335	140	61	727	48	76	1,293	1,644	161	971	423	4	403	510	98	56	34	52	43	1	79	546	112	187	67	5	8,340

COUNTY OF DERBY

YEAR	DEATHS FROM VARIOUS CAUSES																																			Death Rate from all Causes, per 1,000 of population*
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes	
1950 ..	154	18	25	–	10	2	10	2	26	224	141	113	73	646	34	63	1,039	716	198	1,433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620	11.13
1951 ..	119	23	19	–	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009	11.67
1952 ..	110	12	17	–	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234	10.56
1953 ..	113	12	11	–	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060	10.20
1954 ..	80	12	21	–	3	4	3	–	20	207	165	100	54	614	29	53	1,083	942	173	1,428	372	35	274	402	73	80	36	97	74	8	82	763	80	185	84	2	7,638	11.55
1955 ..	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	88	2	7,689	11.67
1956 ..	51	6	14	–	1	2	1	–	12	205	233	132	63	681	29	52	1,094	1,069	197	1,371	417	26	316	398	73	81	27	84	58	7	86	666	80	193	74	1	7,800	12.29
1957 ..	51	5	16	–	–	3	2	–	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637	12.13
1958 ..	46	5	8	–	1	1	2	–	10	219	230	134	53	658	25	55	1,223	1,213	169	1,324	408	44	381	455	71	69	30	79	47	6	90	635	106	195	81	5	8,078	12.59
1959 ..	34	5	8	–	–	6	–	1	14	206	250	123	58	714	44	55	1,159	1,190	126	1,170	422	84	322	466	77	63	36	65	42	5	91	659	94	183	78	6	7,856	12.22
1960 ..	39	5	7	–	–	–	–	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877	12.11
1961 ..	29	8	15	–	2	2	–	–	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	8,362	12.83
1962 ..	33	3	11	–	–	2	–	–	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438	12.80
1963 ..	27	5	11	–	–	1	–	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	122	70	3	8,344	12.31
1964 ..	24	2	9	–	1	5	–	1	14	186	308	143	67	756	43	72	1,213	1,605	120	1,024	416	30	436	538	95	77	44	58	39	3	59	568	97	160	83	3	8,299	12.15
1965 ..	29	3	8	–	–	2	–	2	10	210	335	140	61	727	48	76	1,293	1,644	161	971	423	4	403	510	98	56	34	52	43	1	79	546	112	187	67	5	8,340	11.68

* Adjusted from 1954 onwards having regard to the "area comparability factor" provided by the Registrar-General (see note on page 14).

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1965

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer

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Appendix—Tables of the Department of Education and Science.

DERBYSHIRE EDUCATION COMMITTEE (1965—1966)

ALDERMAN MRS. G. BUXTON
(Chairman)

ALDERMAN J. B. HANCOCK
(Vice-Chairman)

Aldermen

J. W. ALLITT
J. ANDERSON
MRS. A. M. BELFIELD
H. G. BOOTH
G. W. COCKER
MRS. O. EDEN
A. ELSE
C. FEAKIN
R. FEWKES
MRS. E. HARRISON
MRS. D. M. SUTTON
H. TURNER
J. TURNER
REV. E. J. WASS
E. WRIGHT

Councillors

H. S. ARMITAGE
F. R. BOTT
MRS. D. HARDMAN
MRS. P. HART
J. W. HETHERINGTON
T. H. HOTCHKISS
L. HOWSON
A. L. KENNEDY
R. R. PONTON
D. E. SKINNER
L. STONES
MRS. A. S. THICKETT
T. R. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
MRS. M. G. C. SULLEY
PROFESSOR C. G. CHESTERS
H. H. DAVIDSON, ESQ.
F. A. CROFTS, ESQ.
REV. J. D. SALSBURY
REV. J. A. NORMAN
H. PALFREMAN, ESQ.
MRS. J. PLATTS
VERY REV. CANON L. J. WILLIAMSON
J. S. SAMPSON, ESQ.
C. A. COLLEDGE, ESQ.
E. E. EVANS, ESQ.
F. I. ELLIS, ESQ.

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE (1965—1966)

ALDERMAN MRS. G. BUXTON
(Chairman)

ALDERMAN J. B. HANCOCK
(Vice-Chairman)

Aldermen

J. W. ALLITT
J. ANDERSON
MRS. A. M. BELFIELD
G. W. COCKER
MRS. O. EDEN
C. FEAKIN
R. FEWKES
MRS. E. HARRISON
MRS. D. M. SUTTON
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J. TURNER
REV. E. J. WASS
E . WRIGHT

Councillors

F. R. BOTT
MRS. D. HARDMAN
J. W. HETHERINGTON
L. STONES
MRS. A. S. THICKETT
T. R. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
H. H. DAVIDSON, ESQ.
F. A. CROFTS, ESQ.
MRS. J. PLATTS
E. E. EVANS, ESQ.

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December 1965, its membership was as follows :—

Representing the County Health Committee :

ALD. MRS. E. HARRISON (*Chairman*)
ALD. MRS. D. M. SUTTON
COUN. K. A. PRIESTNALL
COUN. M. HEWITT

Representing the Education Committee :

ALD. MRS. G. BUXTON
ALD. MRS. O. EDEN
ALD. J. B. HANCOCK
COUN. T. R. WRIGHT

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1965.

To the Chairman and Members of the Derbyshire Education Committee.

Ladies and Gentlemen,

I have the honour to present my twenty-second Annual Report on the health and well-being of the children attending schools provided by the Derbyshire Education Authority.

On the whole I believe that through various agencies the health of the school children in this County continues to be maintained at a reasonably satisfactory level, but as Thomas Carlyle said "There is no kind of achievement equal to perfect health." But in the educational sphere it is not inappropriate to quote one of Martial's epigrams—"Non vivere sed valere vita" (for those of you who are finding difficulty in remembering your classical education I hope I shall be forgiven if you are reminded that it could be translated as "Life is not simply existing but is living to some purpose").

Infestation with head lice used to be far more common in girls than boys. Fashions may have an effect in altering this incidence, because it is observed that boys are increasingly tending to adopt longer hair styles. This inevitably will bring about greater opportunities for "nit harbourage". While some very good insecticides are now available on the market, they are not likely to be so efficacious if the harbourage is deep and extensive! However, it must be admitted that some boys, while allowing their hair to grow long, take great care to keep it clean, and scented!

Through the employment of a greater proportion of part-time staff it has been possible to maintain school medical inspection at a reasonably satisfactory level. The same cannot be stated, however, regarding the dental service. It is hoped that the greater attention paid to dental health hygiene might result in a diminution in the need for treatment, supplemented when agreement is reached with the appropriate authorities, by fluoridation to the optimum level. Fluoridation, I suspect, like so many other things, is not so bad as the Jeremiahs predict, nor as good as the enthusiasts maintain. It is not easy to keep a sense of balance when emotion takes a part in arriving at a judgment. Arthur J. Balfour said on one occasion: "It is unfortunate, considering enthusiasm moves the world, that so few enthusiasts can be trusted to speak the truth". This could apply to the protagonists as well as the antagonists to any project.

A great deal of information is included in this report, particularly from the school medical officers working in the "field", and while it would be impossible to subscribe to all the comment, especially where it is contradictory, a degree of latitude to the expression of independent thought has been given so that variety and local impressions might heighten the interest.

Once again I should like to thank Alderman Mrs. G. Buxton and Alderman Mrs. E. Harrison, the respective Chairmen of the Education Committee and the Joint Medical Services Sub-Committee for their support in improving the School Health Service; Mr. J. L. Longland (the Director) and his staff for their co-operation; and members of my own staff for their assistance, but especially Dr. V. J. Woodward (my Deputy), Dr. Julia Corrigan (Senior Medical Officer for School Health) and Mr. E. Dilks (Chief Clerk).

I am,

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer

County Offices,
Matlock.
(*Telephone: Matlock* 3411).
April 12*th*, 1966.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,331	635,396
Population, Mid-1965 ..	144,020	234,270	399,750	778,040

Number of Primary Schools		465
„ Secondary Schools		105
„ Nursery Schools		2
„ Nursery Classes		14
Number on Registers January 1965 of:—		
Primary Schools	72,369	
Secondary Schools	46,818	
		119,187
Nursery Schools	99	
Nursery Classes	540	
		639

Special Schools.

	Approx. No. on Register
Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	170
Frank Merifield School, Chesterfield (Maladjusted)	101
Bretby Orthopaedic Hospital Special School, Bretby	26
Brookside (E.S.N. Boys') School, Breadsall ..	100
John Duncan (E.S.N. Girls') School, Buxton	103
Talbot House, Glossop (Cerebral Palsy) ..	21
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	127
The Delves Day Special School (E.S.N., Mixed), Swanwick	120
Overseal Manor Residential Special School for Maladjusted Boys, Overseal	25

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	16
Stretton House, Stretton	22

Schools Opened

Allestree Lawn C. Junior
Alfreton Copthorpe C. Junior
Chesterfield Brockwell Junior
Duffield The Meadows C. Jun. & Infants
Glossop Hadfield C. Junior
Long Eaton English Martyrs R.C. Junior & Infants
Swadlincote C. Secondary

Schools Closed

Bradbourne C.E. J.M. & I.
Hartington Sterndale Moor C. Jun. & I.
Ilkeston Kirk Hallam C.E. Inf.
Bolsover Shuttlewood Brackley C. Sec.
Castle Gresley C. Sec.
Etwall C. Sec.
Glossop Hadfield Castle C. Sec.
Glossop West End C. Sec.
Wirksworth Newbridge C. Sec.
Woodville C. Sec.

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945.

The functions exercised by the Borough Council remained as described in my Annual Report for 1961.

Staff.

The Department of Education and Science requested a numerical return of the staff of the School Health Service on 31st December, 1965, and the following information was provided:—

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Staff of Child Guidance Clinics):—

Principal School Medical Officer .. .. Dr. J. B. S. Morgan

	Number of Officers	Number in terms of full-time officers employed	Number of full-time vacancies
(*a*) Medical Officers (including the Principal Medical Officer):—			
(i) whole-time School Health Service	—	—	—
(ii) whole-time School Health Service and Local Health Service	35	15.78	1.45
(iii) general practitioners working part-time in the School Health Service ..	2	0.64	—
(iv) Ophthalmic Specialists*	—	—	—
(v) Other Consultants and Specialists*	—	—	—
(*b*) (i) Senior Speech Therapists**	—	—	—
(ii) Speech Therapists** ..	5	3	8
(iii) Assistant Speech Therapists‡	—	—	—
(*c*) (i) Audiometricians.. ..	—	—	—
(ii) Chiropodists	—	—	—
(iii) Orthopaedic Nurses ..	1	1	—
(iv) Orthoptists	—	—	—
(v) Physiotherapists ..	3	1.7	1.3
(vi) Remedial Gymnasts ..	—	—	—
(vii) Others—Specify ..	—	—	—

*Employed part-time in the School Health Service for specialist examination and treatment only.

** As defined in P.T.A. Circular No. 89 dated 17.7.61.

	Number of Officers	Employed other than in Clinics	Number of full-time vacancies
(*d*) (i) School Nurses	81	26.53	19
(ii) No. of School Nurses who hold a Health Visitor's Certificate	76	—	—
(*e*) Nursing Assistants and Trainee Nurses.. ..	17	11.89	—

The following Table gives details of the staff during the year (including Child Guidance staff):—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H. (Retired 30.11.65)	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Thelma S. Adams, M.B., Ch.B.	70%	30%
Frances G. Brill, B.A., M.B., B.Ch., B.A.O. ..	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
Christine M. Davenport, M.B., Ch.B. (4/11ths) ..	25%	11%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Frada Eskin, M.B., Ch.B.	70%	30%
J. A. Gawthorpe, M.B., Ch.B.	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
Evelyn B. Horton, M.B., Ch.B. (5/11ths).. ..	32%	13%
J. A. Howe, M.B., Ch.B., L.R.C.P., M.R.C.S. (4/11ths)	25%	11%
Mary E. R. Hughes, M.B., Ch.B. (4/11ths) ..	25%	11%
D. J. Hunt, M.B., B.S., L.R.C.P., M.R.C.S. (3/11ths)	19%	8%
Bridgid J. Hunter, M.B., B.Ch., B.A.O., (2/11ths)	13%	5%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P.	70%	30%
Margarete Kuttner, M.D. (Retired 30.9.65) ..	70%	30%
Alice T. McHugh, L.R.C.P. & S.E., D.C.H., D.P.H. (commenced 1.3.65) (7/11ths)	44%	19%
Margaret J. Nettleship, M.B., B.Ch., D.P.H.	70%	30%
Eleanor M. Singer, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (10/11ths)..	64%	27%
Helen P. Spink, M.R.C.S., L.R.C.P. (4/11ths) ..	25%	11%
Mary Stevens, M.B., Ch.B. (5/11ths)	32%	13%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.	70%	30%
Sheila G. Sykes, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H. (4/11ths)	25%	11%
Monica L. Tisdall, M.B., B.S., L.R.C.P., M.R.C.S. (9/11ths)	57%	24%
Teisi Urtson, Med-Dip., Univ. of Tartu	70%	30%

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
H. E. Nutten, M.B., Ch.B., D.P.H., (commenced 15.2.65)	27%	73%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
H. Bailey, M.B., Ch.B., D.P.H.	24%	76%
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
Joan B. M. Leith, M.B., B.Ch., B.A.O.	30%	70%
F. S. Rogers, M.B., Ch.B., D.P.H.	70%	30%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M.	75%	7%
(Both by arrangement with Hospital Authorities)		
EDUCATIONAL PSYCHOLOGISTS—		
P. H. Priestley, M.A., B.Ed. (Senior Educational Psychologist)	25%	—
Brenda W. Brook, B.A.	25%	—
C. D. Elliott, B.A.	25%	—
J. A. Cowell, B.A.	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Phyllis M. Lane, B.A.	25%	—
P. R. Stevens, B.Sc.	25%	—
PSYCHOTHERAPISTS—		
(Two vacancies)		
PSYCHIATRIC SOCIAL WORKERS—		
(Three Vacancies)		
SOCIAL WORKERS—		
Mrs. M. J. McGarity (4/11ths)	33%	3%
Ethel N. Ives (Chesterfield Excepted District) ..	66%	—
SPEECH THERAPISTS—		
Pamela Bauer, L.C.S.T. (6/11ths)	48%	6%
Sheila M. Y. Ellis, L.C.S.T. (2/11th)	16%	2%
Dorothy M. Flemming, F.C.S.T. (2/11ths)	16%	2%
Marjory A. Salsbury, L.C.S.T.	90%	10%
D. Sampson, L.C.ST. (Chesterfield Excepted District)	100%	—
(Eight vacancies)		

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
J. S. Bennett B.D.S., (commenced 28.9.65) ..	90%	10%
Maureen Chinnery, L.D.S. (left 31.3.65)	90%	10%
Marguerite G. Ford, L.D.S.	90%	10%
G. H. Freeman (Dentist, 1921) (6/11ths) (Retired 29.6.65)	50%	5%
A. Y. Jadwat, B.D.S. (1/11th)	8%	1%
Chesterfield Excepted District—		
M. J. Savage, B.D.S. (Borough Senior Dental Officer) (left 28.2.65)	90%	10%
B. J. West, B.D.S.	100%	—

It will be seen from the foregoing schedules of staff that at the end of 1965 we had the equivalent of approximately 20½ School Medical Officers, with roughly 1½ combined posts of Assistant County Medical Officer/School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant". This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing but also with the clerical work.

Regular meetings of the Medical Officers (about once a term) were held.

GENERAL CONDITION OF PUPILS

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school if there is pressure on the available accommodation).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers

have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or in need of re-examination.

The number of pupils examined at routine medical inspections totalled 27,061. For 1956 and for each subsequent year the corresponding figure has been 27,734; 28,385; 30,520; 33,394; 32,588; 29,955; 32,289; 31,271, and 31,270.

In the course of examining the 27,061 children at routine inspections, 5,138 children were found who required treatment for various conditions, (19.0% of those examined). However, only 47 children were classed as being in an "unsatisfactory" physical condition (0.17% of the total number examined).

The percentage found to need treatment in 1965 (19.0) may be compared with the following figures for successive years (starting with 1956): 18.1; 16.8; 18.9; 17.7; 15.6; 16.8; 16.9; 15.7; 18.4. The last published figure for England and Wales (year 1963) was 15.55%.

The percentage of those whose "physical" condition has been considered to be "unsatisfactory", since this classification was introduced in 1956, are as follows:—

Year	% *"unsatisfactory"*
1956	2.72
1957	3.88
1958	2.57
1959	1.33
1960	2.51
1961	0.46
1962	1.55
1963	1.06
1964	0.44
1965	0.17

(The last published average for the country as a whole was 0.54% for the year 1963, which was the lowest figure on record, and may be compared with a national figure of 2.9% as recently as 1950).

It will be noticed that whereas 19% of the children examined were found to need treatment, only 0.17% were regarded as "unsatisfactory". As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition".

Vision.

Brief notes concerning the "screening" tests for visual defects which are carried out in this County appear on pages 71 of this Report. During 1965, out of the 27,061 pupils who were examined at periodic school medical inspections, 2,045 were referred for treatment for defective vision—a rate of 78.5 per thousand, compared with 71.9 last year. The rate for England and Wales for 1963 was 67.8 per thousand.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate dropped to 12.4 per 1,000; in 1961 it again fell slightly, to 11 per 1,000. The figure for 1962 was 11.7; it rose to 13.6 for 1963, and to 14.1 in 1964. There has been a further rise in 1965 to 15 per 1,000. This may be compared with a figure of 10.6 for England and Wales in 1963.

Skin Conditions.

At routine school medical inspections during 1963, skin defects were found in 17 per thousand of the children examined (compared with a figure of 14 per thousand for the country as a whole). The rate in Derbyshire for 1964 rose to 20 per thousand and has remained at this figure for 1965. The Medical Officer of the Department of Education and Science has pointed out, however, (following surveys made to find out more about the nature of skin diseases) that " . . . the diagnostic criteria adopted by school doctors varied considerably; some recorded a condition that others thought too trivial to note. There was much observer bias and this largely explains the wide differences in the reported prevalence of skin diseases in broadly comparable areas in the country generally . . .".

HYGIENIC CONDITIONS OF SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

Swimming Baths.

This year has seen a welcome increase in the number of school swimming baths for which the Education Authority is responsible. The full list at the end of 1965 was as follows:—

Indoor heated

Brooklands Junior Mixed School, Long Eaton;
Spondon House Secondary School;
Swadlincote Secondary School.

Outdoor unheated

Ashbourne Bath;
Ecclesbourne Secondary School, Duffield.

The treatment plants at all of these baths comply with the Ministry of Health's publication "The Purification of Water in Swimming Baths." Every endeavour is made to achieve break-point chlorination at all of the plants, but in one case the original design did not specifically allow for this. Nevertheless much success has been achieved along these lines even at this pool.

The County Health Inspector pays regular visits to all of the baths and, apart from checking for chlorine and pH levels and taking bacteriological samples, tries to ensure that the swimming bath waters are kept "in balance" chemically. This is an important aspect of the supervisory work and I should like to take this opportunity of paying tribute to the ready co-operation received from the County Analyst in this matter. A total of 74 samples were taken for bacteriological examination, all being satisfactory, and 16 for chemical examination.

Special mention is probably necessary concerning the "Purley Pool" at Brooklands School, Long Eaton. This was constructed in an existing classroom, at ground level, and is plastic lined to a depth of 3′ 6″ and has a capacity of 11,000 gallons. The treatment plant consists of a diatomaceous earth filter, a chlorinator (liquid) and a heating unit. This bath was the first of its type to be installed in the County and has been rather more closely watched than the other more orthodox ones. However, apart from some difficulties with filtration, it can be said to have been successful from a health aspect and certainly from a swimming point of view. Well over a third of the children, all juniors, on roll (461) have learned to swim in it since it was opened on 1st April.

There are further swimming baths at schools being constructed and in the light of the information and the experience so far gained, it was thought desirable to draw up, in conjunction with the County Architect, a set of "standard requirements" for indoor pools. These should be of assistance in ensuring some uniformity in the type of purification plant installed as well as of pool design.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME.

The following table gives particulars of the meals and milk provided on a day in September, 1965:—

	Primary Schools	Secondary Schools
Number of children present ..	66,671	44,122
Meals Provided:—		
No. of Meals	41,703	27,557
% of number present ..	61.95%	62.46%
Milk Provided:—		
Number of bottles	62,237	28,544
% of number present ..	93.35%	64.69%

Source and Quality of Supplies of Milk.

The Education Committee endeavours at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1965, out of 636 establishments (including independent schools), 630 were receiving pasteurised milk. There are still five sources supplying raw untreated milk to six schools, including two independent schools which take milk from their own farms. This situation is carefully watched and efforts are made to substitute Pasteurised milk wherever possible.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

In the light of a Report by the Staff Committee of the Public Health Laboratory Service during 1965 on " The Biological Testing of Milk", it has been decided that examination of Untreated milk supplied to schools for tubercle bacilli should be carried out once yearly, on a herd basis. Examination of such milk for brucella abortus will, of course, be done simultaneously and at other times as thought necessary.

There are eighty-two suppliers of milk to schools, but only twenty-seven sources of supply, including the five raw milk sources. All sources are sampled at least twice yearly, with each Pasteurised milk supplier being sampled at least once yearly.

The following table combines figures of both school drinking and canteen milk supplies:—

	Phosphatase		Tubercle Bacilli		Brucella Abortus		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised ..	97	—	—	—	—	—	97
"tuberculin tested"	—	—	4	—	11	1	12

As will be seen there was one instance of a raw milk sample showing evidence of brucella abortus infection. This was from a private school having milk from its own herd, which has also had positive samples in the past. The serious nature of this situation was pointed out to the Headmaster but following private veterinary investigations three cows were isolated and the milk sent for heat treatment.

INFESTATION WITH VERMIN

The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953, and it remains substantially unchanged.

The Health Visitors and School Nurses carried out 187,505 examinations and re-examinations of Derbyshire school children during the year, and in the course of those inspections they found 926 individual children to have either nits or lice in their hair (mostly nits). This was under 1% of the school enrolment.

CLINICS

New Clinics

In December, 1965, a new Clinic, in Lime Grove Walk, Matlock, came into operation. This replaced a Clinic which was formerly a private residence, by purpose-built accommodation more conveniently situated near to the 'bus station and the shopping centre.

A new Clinic is in course of erection in Church Street, Wirksworth, which it is expected will be in operation before the end of 1966.

The design stage has been reached in respect of proposed new Clinics at Thornbrook Road, Chapel-en-le-Frith; White Lane, Gleadless; Midland Street, Long Eaton (to replace a Clinic in an adapted house); and Reservoir Road, Whaley Bridge. Sites have been chosen for new Clinics at Ashbourne; Brimington; Hatton; Kirk Hallam; and Shirebrook.

It is proposed to extend the existing Clinic at Grange Street, Alfreton.

Number and Types of School Clinics.

The Department of Science and Education asked for a return showing the school clinic facilities as at 31st December, 1965: a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

(1) *Number of School Clinics* (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical examination and treatment of pupils attending maintained primary and secondary schools:—

Number of school clinics as at 31st December, 1965 .. 29

(2) *Type of Examination and/or Treatment* provided, at the school clinics returned above either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (*i.e., premises*) as at 31stDecember, 1965 where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Hospital Authorities (3)
A. Minor ailment and other non-specialist examination or treatment	28	—
B. Asthma	—	—
C. Audiology	22	—
D. Chiropody	—	—
E. Ear, Nose and Throat ..	—	—
F. Enuretic	—	—
G. Ophthalmic*	3	19
H. Orthopaedic	—	7
J. Orthoptic	—	—
K. Paediatric†	—	—
L. Physiotherapy	2	—
M. Remedial Exercises ..	—	—
N. Rheumatism and Heart ..	—	—
P. Speech Therapy ..	11	
Q. Sunray (U.V.L.)	—	
R. Vaccination and Immunisation	28	
S. Others (specify)		

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

† Clinics for children referred to a specialist in children's diseases.

(3) *Child Guidance Clinics:* Staffing of Child Guidance Clinics and the School Psychological Service as at 31st December, 1965.

(*a*) Number of Child Guidance Clinics provided by the Authority: 12.	Number employed		Aggregate in terms of the equivalent number of whole-time officers			
			Employed by L.E.A.		Employed under arrangements with Hospital Authorities	
(*b*) Staff	By L.E.A.	under arrangements with Hospital Authorities	In Child Guidance Clinics	In School Psychological Service	In Child Guidance Clinics	In School Psychological Service
Psychiatrists	—	2*	—	—	1·6	—
Educational Psychologists	7	—	2·125	4·375	—	—
Psychiatric Social Workers	—	—	—	—	—	—
Paediatricians	—	—	—	—	—	—
Play Therapists	—	—	—	—	—	—
Social Workers	2	—	1·02	—	—	—
Others (excluding Clerks)–specify	—	—	—	—	—	—

†The County Council pays two notional half-days salary to the Hospital Authorities in respect of each of the two Psychiatrists.

Minor Ailments

During the year, 579 children made 1,925 attendances for the treatment of minor ailments. Having regard to the school population of over 119,000, this of course is a very small number, and in fact many clinics (as has been the case for some years) were not called upon to treat any minor ailments. Most of the sessions at the main clinics where treatment was requested were of short duration, and conducted by Health Visitors who were attending for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers it is possible to include the examination of special cases discovered at routine school medical inspections, requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable.) Immunistaion is also available on demand, as well as medical examinations of children desiring to know if they are fit to undertake certain forms of employment.

Dental Work.

A statistical report appears in the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report:—

"Staff changes during the year resulted in a net loss and the year ended with four whole-time and one part-time officers in post, the equivalent of 4.1 officers. Two whole-time officers resigned early in the year, one to general practice and the other on marriage and leaving the area. Later, a part-time officer retired for health reasons. It was not till late in the year that the losses were partly made good by a new whole-time appointment.

These changes caused a drop in the total number of inspection and treatment sessions worked. These were 890 fewer than in the previous year and this in turn resulted in a proportional fall in the number of children inspected, treated and the amount of treatment carried out. Nevertheless 17,800 children received inspections and 12,000 (about 70%) were found with defects. 9,800 were offered treatment and by the end of the year 6,800 had made over 10,900 visits to the clinics and 5,900 courses of treatment had been completed. The chief items of treatment were 7,400 fillings and 1,300 permanent and 5,200 temporary teeth extracted. The extraction work was done mostly under general anaesthesia, 2,900 general anaesthetics being administered.

Twenty-six pupils were fitted with dentures and in the field of orthodontics, 36 new cases were added to the 26 carried over from 1964, involving the construction and fitting of special corrective appliances. In 43 cases the treatment was satisfactorily completed. Two exceptionally difficult cases were referred to the hospital consultant service.

X-ray examinations were made in 24 cases, and other items of treatment included 500 scalings and gum treatments, while 2,900 partly decayed teeth had their usefulness prolonged by chemical dressings and trimming to produce self cleansing surfaces.

The dental health campaign, started many years ago, continued to be rigorously pursued, at the clinics, in the schools and by contact with the parents. Two whole-time health education staff assisted greatly with this work and many media for the spread of knowledge on dental health were employed.

In some schools, experiments are taking place whereby in the mid-day meal, the normal sweet course is replaced on accasion by cheese, apples and home made yeast rolls. Reactions appear to be favourable and the experiments will continue with a view to wider development.

Paucity and frequent staff changes necessitate a flexible policy of inspection and treatment in order that the service may be worked to the best possible advantage. Staff changes always interfere with the continuity of treatment in the areas concerned and when part-time or short-stay officers come into posts, the problem of how best to use them and how much to tackle always arises. Experience has shown that in such cases it is best to limit the numbers which can be reasonably dealt with in the year, and in a first instance to begin with the infant schools, deal with them a second time and then bring in the junior schools, following which the next series of inspections and treatment would be in the order of infants, juniors and if possible in the space of a year, as many senior schools as possible. In this way the younger children are introduced to dentistry, continuity of care (which is all important) is ensured, the parents are given a timely interest in the need for regular attention and in many instances make arrangements for future treatment with the family dentist.

A special dental investigation (part of a country wide survey) was carried out in all the senior schools in the county, on a 10% sample of 15 year old pupils. 870 were examined, the number of boys and girls being about equal. Much useful information was obtained and the following are some points of interest:—

Only three were found to have naturally sound teeth and the average number of decayed, missing and filled teeth, averaged about 10 per pupil. As children approached school leaving age there was a marked tendency to have their teeth cared for by the family dentist. This is commendable, as the transition ensures that the care and attention begun in earlier years in the school dental service is continued after leaving school.

About 5% although in need of treatment, had never attended a dentist in their lives.

The majority of these teenagers took an interest in the appearance of their teeth. 66% had good clean mouths, 23% moderately so and in only 11% was the oral hygiene classified as poor. 12% were found to be suffering from sepsis and this occurred where little or no care was taken or attention sought.

Less than 20% were found to be fully dentally fit, the others required treatment, varying from very little to a considerable amount, before the dentitions could be classified as completely sound and fully functional.".

Staff of the School Dental Service

Principal School Dental Officer .. .. H. E. Gray

STAFF

	Number of Officers	Full time equivalent			Number of extra paid sessions worked during the year
		Administrative duties	Clinical duties		
			School service	M. & C.W. service	
(a) Officers employed on a Salary basis					
Principal School Dental Officer	1	0.18	0.74	0.08	—
Dental Officers (including orthodontists)	3	—	2.76	0.24	—
Total (*a*) ..	4	0.18	3.50	0.32	—
Officers employed on a Sessional basis					
(including orthodontists) ..	1	—	0.9	—	—
Totals of (*a*) & (*b*)	5	0.18	3.59	0.32	—

(c) Dental Auxiliaries and Hygienists

	Number	Full time equivalent		
		Dental health education	Treatment	
			School service	M. & C.W. service
Dental Auxiliaries	—	—	—	—
Dental Hygienists	—	—	—	—

(d) Other Staff

	Number	Full time equivalent
Dental Technicians	—	—
Dental Surgery Assistants	6	5.55
Clerical Assistants	—	—
Dental Health Education Officers	—	—

(e) School Dental Clinics

	Fixed Clinics				Mobile Clinics	
	Number with ONE surgery only	Number with TWO or more surgeries	Total number of surgeries		Number	Total No. of sessions worked in 1965
			Available	In use		
Provided directly by Authority ..	27	3	29	9	—	—
Under arrangements made with Hospital Authorities	—	—	—	—	—	—

Particulars of other ways in which treatment is given and not included above:—

The Principal Dental Officer is responsible for the annual inspection and treatment of children in attendance at Training Centres.

Dental Health Education.

A dental campaign is constantly in being and intensified at one point in the year, when a Dental Health Month is held, during which special displays, demonstrations and films are given at the clinics. Much of this work is done by two health education officers, helped with advice from the principal dental officer. From a large library, films are circulated round the schools, with appropriate posters, throughout the year. Health Visitors help with the school shows. Material is supplied to Biology teachers for the basis of lessons to senior pupils.

Visual Defects.

Treatment is provided at the Authority's Eye Clinics under two schemes as follows:—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attend three clinics and are paid on a sessional basis by the Authority, which recovers from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Nineteen of the Authority's eye clinics are conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospitals and Specialist Service.

School children, like other members of the community, may consult their own Doctors with a view to treatment and glasses being provided under the National Health Service.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

The following table shows the number of children who attended the eye clinics and the number of attendances:—

Eye Clinic	When Held	Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual children treated	Total number of attendances
Alfreton. Grange Street ..	1st, 3rd and 4th Wednesday, p.m.	28	397	452
Belper. Field Lane ..	4th Friday, a.m.	10	99	125
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m.	14	145	168

Buxton. Bath Road ..	Each Monday a.m.	27	331	368
Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. ..	24	341	399
Chesterfield Excepted District. Town Hall	Wednesday and Thursday, a.m. ..	71	707	893
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	16	173	194
Derby. Cathedral Road ..	2nd & 5th Monday, a.m. 1st, 3rd & 4th p.m.	41	590	657
Dronfield The Grange ..	2nd and 4th Friday, p.m. ..	12	121	137
Eckington Gosber Street ..	1st and 3rd Friday, p.m.	15	163	209
Frecheville. Fox Lane	2nd and 4th Wednesday, a.m. ..	8	112	131
Glossop. George Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Hackenthorpe. Main Street ..	3rd Monday, p.m. ..	16	159	209
Heanor. Wilmot Street ..	2nd Friday, a.m.	9	99	117
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	20	265	290
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	20	256	270
Matlock. Lime Grove Walk..	1st and 3rd Friday, a.m. ..	19	205	250
New Mills. High Lea Hall ..	4th Tuesday, a.m.	9	81	92
Ripley. Derby Road	2nd Wed., p.m. .	11	151	175
Shirebrook. Cliffe House ..	1st and 3rd Friday, a.m. ..	14	199	229
Staveley. Lime Avenue ..	1st Monday, p.m. ..	9	111	139
Swadlincote. Civic Centre, off Midland Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	18	221	237
Totals	.. .. ..	411	4,926	5,741

Orthopaedic and Postural Defects.

For some years under arrangements made with the Manchester and Sheffield Regional Hospital Boards, orthopaedic sessions attended by Orthopaedic Consultants employed by the Boards were held at sixteen of the County Council's Clinics, the County Council providing the services of Orthopaedic Physiotherapists. In 1958 the Sheffield Regional Hospital Board reviewed the matter and decided that the six orthopaedic clinics in the north-east of the County be closed with effect from the end of that year. On 30th September, 1965, upon the retirement of one of our Orthopaedic Physiotherapists, it was decided to discontinue the sessions she had attended in the north-west of the County.

During 1965, 572 school children made 1,414 attendances at County Council Clinics for orthopaedic treatment.

On the retirement of our remaining Orthopaedic Physiotherapist at the end of June, 1966, orthopaedic sessions will cease to be held at County Council Clinics under joint arrangements with the Regional Hospital Boards, but the latter will provide the treatment at appropriate Hospitals and centres.

HANDICAPPED PUPILS

Handicapped pupils requiring special educational treatment are defined in the "Handicapped Pupils and Special Schools Regulations, 1959" (as amended in 1962) as follows:—

"(*a*) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight;

(*b*) *Partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight;

(*c*) *deaf pupils*, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language;

(*d*) *Partially hearing pupils*, that is to say, pupils with impaired hearing whose development of speech and language even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils;

(*e*) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools;

(*f*) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime or ordinary schools without detriment to themselves or other pupils;

(*g*) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment;

(*h*) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools;

(*i*) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speceh not due to deafness require special educational treatment; and

(*j*) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools".

Return of Handicapped Children for the Year 1965.

Categories	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defect	Total
In the calendar year ended 31st December, 1965:—											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	3	5	8	9	9	22	49	159	5	—	26
B. (i) Of the children included at A. number newly placed in special schools (other than hospital special schools) or boarding homes	1	2	5	8	3	14	44	71	1	—	14
(ii) Of children assessed prior to January, 1965, number newly placed in special schools (other than hospital special schools) or boarding homes	2	1	1	6	4	3	1	65	—	—	8
On 20th January, 1966:—											
C. (i) Number of handicapped pupils requiring places in special schools											
(*a*) day	—	—	—	—	—	—	—	153	—	—	15
(*b*) boarding	6	5	1	—	16	10	7	15	4	—	6
(ii) Included at C(i) who had not reached the age of 5 and were waiting											
(*a*) day places	—	—	—	—	—	—	—	—	—	—	-
(*b*) boarding places	2	1	1	—	2	—	—	—	—	—	
(iii) Included at C(i) who had reached the age of 5 but whose parents had refused consent to admission were awaiting											
(*a*) day places	—	—	—	—	—	—	—	16	—	—	1
(*b*) boarding places	—	1	—	—	2	—	—	1	—	—	
(iv) Included at C(i) had been awaiting admission to special schools for more than 1 year											
(*a*) day places	1	—	—	—	—	—	—	61	—	—	(
(*b*) boarding places	3	1	—	—	8	2	3	3	—	—	2
D. (i) Were on the registers of special schools (other than hospital schools)											
1. *Maintained*											
(*a*) day places	—	6	11	4	19	26	102	499	—	—	6(
(*b*) boarding places	8	9	12	10	20	25	20	157	3	—	2(
2. *Non Maintained*											
(*a*) day places	—	—	5	2	—	—	—	—	—	—	
(*b*) boarding places	12	4	34	7	16	12	7	6	6	1	1(
(ii) Were on the registers of independent schools, under arrangements made by the Authority	—	1	1	—	7	3	10	9	—	—	
(iii) Were boarded in homes, and not already included in D(i)	—	—	—	—	—	—	24	—	—	—	
TOTAL D	20	20	63	23	62	66	163	671	9	1	1.
Number of children from the Authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes (Total of (Ci)(*a*) and(*b*) andD)	26	25	64	23	78	76	170	842	13	1	1,
E. On 20th January, 1966, the number of handicapped pupils receiving education under Section 56 of the Education Act, 1944 :—											
(i) in hospitals	—	—	—	—	3	—	27	—	—	—	
(ii) in other groups	—	—	—	—	6	—	6	11	—	—	
(iii) at home	—	—	—	—	37	6	—	6	—	—	

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the foregoing figures relating to handicapped children:—

"The return of handicapped children as a whole deals with 1,420 children (1,367),* of whom 269 (248) were newly assessed as requiring special education. Of the children newly assessed, 149 (119) were admitted to special schools, the remaining 120 being added to the waiting lists, which now amount to 217 (201).

Of 1,096 (1,082) pupils placed in special schools, some 85% attend maintained special schools, rather more than 10% non-maintained special schools, and 3% independent schools".

* *The figures in brackets show the corresponding figures for the preceding year.*

Special Reports.

(1) *John Duncan (E.S.N. Girls') Residential Special School.*— Dr. Nutten states that:—

"At the end of the year there were 101 pupils in the school, 75 residential and 26 day pupils. There is always a happy atmosphere in the school in spite of the fact that the number of pupils increases yearly and the task of the teachers and staff of controlling and teaching this large number of children, very often with both mental and physical handicaps, is exacting.

Weekly visits are paid to the school, when not only are routine physical and mental examinations carried out, but any member referred by the Headmistress is examined. During the year two boys were found fit to be transferred to a secondary modern school in the town, where they have now settled well and are progressing favourably. One girl of 12 years had to be transferred to a Junior Training Centre. All the children were tested during the year for phenylketonuria and one girl was discovered to be positive. She has been given a special diet and it will be of great interest to see whether there is any improvement in her condition, especially as the condition was not diagnosed until a lapse of twelve years.

I think it is a pity that these boys and girls are not given more substantial spectacle frames, as these children are usually clumsy in their movements, tend to rip off the glasses by the ear piece, and I think these frames should be more substantial as the frames bend easily. The cost of repairs per year must be high and yet a better type of frame is available for a few extra shillings and seem very much more satisfactory and solid, but for which at present parents must pay".

(2) *Brookside (E.S.N. Boys') Residential Special School.*—Dr. C. G. Woolgrove has reported as follows:—

"During the year this school continued to expand to its full capacity of 100 pupils. The school caters for both day and boarding pupils.

The facilities offered to backward pupils at this school are greatly appreciated by the parents of the children concerned—since individual educational training takes place not only in the classroom, woodwork room, gymnasium, art and music-room, but is also supplemented by extra-mural activities in the evenings and at weekends. These broaden the outlooks and experiences of the children, giving them character and an independent approach to life.

During this, the third year of the school's life at Breadsall, an extremely interesting and worthwhile innovation, was a tour of Wales which lasted approximately one week. Many interesting and historical places were visited and the boys' accounts were most stimulating to read.

The general practitioner who attends this school is Dr. Bruzaud. In the event of his being unable to come, his partner Dr. Wight deputises. The importance of a good general practitioner service to a school for handicapped children cannot be over emphasized. There is a good liaison with the Specialists at the Children's Hospital, Derby, and also the Orthopaedic and Remedial Clinics. In addition, the Speech Therapist, Mrs. Bauer, and the Teacher of the Deaf, Miss Kennerley, visit the school regularly.

The success of the work of this school is dependent upon the hard work of its staff. My thanks go to the Headmaster, Mr. T. J. Williams and his colleagues, for all the care and attention they devote to their pupils.

In conclusion, I should like to express my appreciation of all the important work undertaken by the Matron, Mrs. Williams, S.R.N."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children who are suffering from cerebral palsy, has reported as follows:—

"I attended Talbot House School several times for the purpose of routine medical inspections, general surveys and meetings of the Admission Panel. Of the two children who reached school-leaving age in July, one attends a crafts centre and the other has been recommended for an office training course. Two young children were admitted in September.

The educational visits which were continued by the headmaster throughout the year give these handicapped children an interest in and an awareness of contemporary issues and events.

The building of a new wing began in September. When the extension is finished there will be room for ten more children".

(4) *The Brackenfield Day Special School (E.S.N. Mixed), Long Eaton.*—Dr. Storey reports:—

"Routine medical checks were carried out both on new entrants and also the permanent pupils. Almost all pupils were examined at least once in the year, some examined more often. On the whole the physical health of pupils is probably higher than at any time since the school's inauguration, and with a few exceptions, hygiene standards have been well maintained.

As the school grows in age, so it appears the pupils seem to do a little better each year academically, with subsequent improvement in post-school placement in suitable situations. In addition, the standard of social manners and general behaviour remains high, surely due to the persistent efforts of the (long-suffering) staff in this direction.

In conclusion, I should like to express my thanks to Mr. Godrich, the Headmaster, and his staff for their kindness and courtesy in co-operating with our department throughout the year".

(5) *The Delves Day Special School (E.S.N. Mixed), Swanwick.*—Dr. Weyman has reported as follows:—

"This day special school has now settled down to a fairly steady turnover of pupils.

The admissions Panel works smoothly and cheerfully. Many of the problems of persuading parents to allow their child to attend the school disappear when they are invited to visit the school to meet the headmaster and staff and see the school. There are parents with children on the waiting list who are impatient about having to wait for a vacancy. This waiting is detrimental to their child's progress but cannot be avoided until more places are provided.

It is a pleasure to record that a number of the original staff of the school have left for promotions to higher posts. Their successors are equally cheerful and helpful and it is a pleasure to meet them.

The headmaster's interest in "programmed learning" helps many of the children and brings in the most modern techniques.

The school camp, school excursions and evening youth club continue very successfully. The youth club helps in keeping contact with the school during the settling down period in employment.

An evening class started recently by the headmaster for adult non-readers is noted with interest.

In a school with 120 places and a waiting list of about 50 children the problem arising from exceptionally poor attendance by one or two children is of some concern. In spite of most possible types of pressure attendances remain poor in these cases.

These children having been assessed as requiring special education and placed at a day special school to receive it do not attend sufficiently often to benefit from it.

If it is not possible to take action to improve the situation it would seem reasonable to take in other children so that the places may be filled usefully. These absentee attenders could then be carried as "ghost" pupils or returned to the register of their original school.

In some cases the only answer seems to be a residential placement if education is necessary for these children: often they are repeating the family tradition. Until this is broken successive generations will continue to be absentee attenders.

Except in these few cases attendance is not a problem. Some children will walk miles to school in all weathers if they happen to miss their bus".

(6) *Overseal Manor Residential Special School for Maladjusted Children, Overseal.*—Dr. Malcolm Allan has reported as follows:—

"Overseal Manor School has now been running for well over a year and much very good work has been done by the headmaster and his staff. Unfortunately it was found that the Admissions Panel was unable to admit all the children they would have desired because of the difficulties in staffing".

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

The "Medical Examinations (Sub-normal Children) Regulations 1959" prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need, attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. The regulations were quoted in my Annual Report for 1961.

A decision by the Education Committee to "report" a child as unsuitable for education at school is to be regarded not only as a negative decision, that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education have a right of appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority not more than once a year to review their decision.

During 1965, 18 boys and 13 girls were "reported" by the Education Authority to the Local Health Authority.

Maladjusted Children.

As previously reported, the Manchester and Sheffield Regional Hospital Boards have agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council

paying 2/11ths of their respective salaries. Their broad programmes include visits to hospitals, hostels, special schools, and the County Council's Child Guidance Clinics.

The County Council's establishment authorises the appointment of eight Educational Psychologists, who work partly in the Schools Psychological Service and partly in the Child Guidance Service; four Psychiatric Social Workers' and two non-medical Psychotherapists. It is pleasing to say that the posts of Educational Psychologists have been filled, but it is regrettable that the posts of qualified P.S.W's and Psychotherapists are at present vacant, although a part-time Social Worker served in Chesterfield throughout the year, and a part-time Social Worker (who is qualified as a Health Visitor) served in the north-west of the county.

Dr. F. G. Thorpe has provided the following **report on the work done in the Child Guidance Service in the north of the county during 1965:—**

"The routine work of the Child Guidance Services in the North of the County has continued unchanged during 1965. We are still desperately in need of a trained Social Worker to cover the North-East and Central areas, and as our Social Worker in Chesterfield is due for retirement we are likely to be even further depleted during the coming year.

The number of referrals to the Service remains reasonably constant, and during the year we have dealt with 248 new cases, as compared with 250 last year. This figure is in keeping with the national opinion that between one and two per cent of school children in any one year will need psychiatric help.

The distribution of the cases between the various clinics is shown below, and includes new cases interviewed at Stretton House Hostel with a view to admission for residential treatment.

Total referred to:

BRAMBLING HOUSE Child Guidance Centre ..	148
HACKENTHORPE County Clinic	38
ECKINGTON County Clinic	3
MATLOCK County Clinic	8
BUXTON Child Guidance Clinic	24
GLOSSOP County Clinic	17
STRETTON HOUSE HOSTEL	10
Total	248

There has never been much of a demand from the Matlock area for child guidance help, but it is hoped that now the new County Clinic has been opened more referrals will be forthcoming next year. The new Hope Valley Clinic has also been used for child guidance work.

The Hostels have had a difficult year because of staffing problem and ill-health amongst the staff. We have lost the Assistant Warden and Assistant Matron of Stretton House, and so far these have not been replaced. It will be appreciated that this has thrown considerable strain upon the Warden and his wife.

It would seem that either the number of children who are resident in the two hostels should be reduced, or the function of these hostels should be seriously reconsidered with a view to putting them to a more useful purpose, for example, as a short-term placement for acute problems whilst a place is being found for them in a boarding school for maladjusted children. Probably, however, we may have to wait until there is an integration of all the social services before any real constructive plans can be made to make full use of the available residential facilities for deprived and emotionally disturbed children.

Our thanks must go to the Director of Education, who has provided a remedial teacher who attends Stretton House Hostel every Saturday morning to give help to the boys who are retarded and have learning difficulties. I feel it would also be helpful if a P.E. instructor could offer his services to the boys once a week.

There is still goodwill and co-operation between the Child Guidance Service, School Medical Officers, Children's Department and the Probation Departments, and a considerable amount of work has been done with them during the past year.

It is regretted that the Psychiatrist is not always able to attend the various co-ordinating Committees that are held from time to time, but pressure of clinic work has prevented me from doing so.

May I conclude by thanking the Principal School Medical Officer and the Director of Education for their help and assistance during the past year".

Dr. D. J. Salfield has provided the following **report on the work done in the Child Guidance Service in the South of the County during 1965:—**

"During the year, the Child Guidance Service has continued functioning very much as before. The number of referrals has again increased, and considerably so; i.e. roughly by 15 per cent. As the staffing situation has not improved, the time given to each case had to be less. The staffing situation has been viewed with some misgiving as two psychologists, including the senior psychologist, are leaving at the end of the year and have as yet not been replaced, and no social worker has become available.

The new school for maladjusted boys at Overseal Manor has occupied much time and attention, and is running satisfactorily. The in-patients children's unit seems to be near its opening, but although most of the staffing is to be provided by the Hospital services the psychiatrist will be required to give some of his time to that Unit.

Co-operation with the various services has been good as before, and the Child Guidance Service has been, it is hoped, of some help with the problems arising at the Children's Department, the Probation Services, and so on. Even closer liaison with the Hospital has been established and regular monthly joint clinical meetings have been held with the Consultant Paediatricians and the Psychologists.

It is hoped that the Child Guidance Service will continue in the New Year to receive and give services as before".

Speech Therapy

During the year, 1,305 Derbyshire pupils received Speech Therapy.

Although the establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one at Talbot House Special School), the shortage of candidates is such that at the end of 1965 we had the services of only two whole-time and three part-time Speech Therapists. The highest number we have ever been able to appoint was six whole-time and two part-time officers. The Report of the Chief Medical Officer of the Department of Education and Science for 1962 and 1963 refers to "an acute shortage of speech therapists, particularly in the north and midlands, although some areas in southern England have more applicants than posts . . . With an annual output of more than 80 therapists it might be expected that the shortage would be made good in a few years, but, in fact, the net annual gain in numbers has been small due to early marriage . . . ".

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The steps which are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis remained as set out fully in my Annual Report for 1961.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. The examinations are carried out by School Medical Officers.

The Minister of Education has said that it is not practicable to require an x-ray examination of the chest of all entrants to training (although, of course, an x-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined

by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an x-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College: students completing training are x-rayed and the results are made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers:—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	595
Entrants to the teaching profession	82
X-ray examinations of entrants to the teaching profession and temporary teachers	169

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 414 pupils desiring to undertake part-time employment, and a certificate of fitness was given in every case.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particulary as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows:—diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, poliomyelitis, smallpox, or whooping cough were as follows:—

	Primary Immunisations	*"Booster" Doses*
1. Diphtheria ..	606	5,598
2. Poliomyelitis ..	1,821	10,607
3. Smallpox ..	53	14
4. Whooping Cough	316	2,451

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme applies to children from the age of 13 upwards and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The following figures give details of the numbers dealt with during 1964 and 1965.

	Schools		Establishments of further education	
	1964	1965	1964	1965
Number of schools or establishments of further education	69	79	2	2
Number of children or students offered B.C.G. vaccination ..	6,895	8,580	60	48
Number of children or students whose parents gave consent and who were skin tested	5,239	6,612	50	43
Number found "positive"	1,102	1,349	10	20
Number found "negative"	4,070	5,035	40	23
Number vaccinated with B.C.G. ..	3,649	5,003	40	23

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers, but I must state that while it is important they should be free to express their opinions on the physical conditions that they find in schools, both the Director of Education and I feel, in all fairness, that it should be borne in mind that the Education Committee are carrying out improvements as rapidly as they are permitted within the financial limits imposed by the Department of Education and Science, who are responsible for the allocation of the "financial cake" which is available for the country as a whole.

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education:—

"*Health Education in Schools during* 1965.

During 1965 Mr. Bartle, Assistant Health Education Officer, spoke to many schools with audiences totalling nearly 1,300. The subjects he dealt with were:—

Smoking and Lung Cancer, when he showed our films "No Smoking", "Smoking and You," "The Smoking Machine", "This is Your Lung" and "Virginian Venture". The film-shows were preceded by a short talk and followed by a question and answer session.
Dental Health, when dental health films were shown in a similar way to the smoking ones. Mr. Bartle also organised a dental health exhibition at the new Shirebrook Comprehensive School. He also manned the General Dental Council Caravan at the County Show at Elvaston when he spoke to large numbers of children on dental health and hygiene.

Home Safety films have also been shown.

Nutrition films too have been used.

Mr. Bartle also designed a number of posters, a few of which were displayed by various schools with whom he had had contact.

Other Activities.

Miss Rowland, Health Visitor in charge at Staveley, has successfully run a series of health and hygiene lectures at the Staveley Middlecroft School and similar and very successful courses at Chesterfield College of Technology. The lectures covered various aspects of health and included the topical subjects of sex education, venereal disease and smoking and lung cancer. These talks have been so successful that mention was made of the good work being done in this field at Chesterfield by the "Derbyshire Times".

All other Health Visitors are using our films and filmstrips to a greater degree in schools. A great deal of work has been done in Junior and Infants' Schools with films on dental health which have been specially produced for the younger child. Many Health Visitors are running courses in Secondary Modern Schools for senior girls on "Child Care" and these have proved very popular. The smoking and lung cancer films are also a regular feature of talks given in schools by health visitors.".

Dr. FRADA ESKIN (Whole-time) (Part of N.W. Division):—

(1) "*The general health and well-being* of the children in my area remains excellent. Parents maintain a responsible attitude towards all aspects of the health of their children. All health services are made full use of.

(2) *The physical condition* of the children remains generally satisfactory. The most common defect seen remained, as in previous years, visual.

I have seen in the past year several children with severe psychological disturbances. Enuresis remains a problem as does the 'nervy' children.

(3) *Cleanliness* standards are generally high. Footwear and clothing is generally satisfactory. Dirty heads are seen mainly in problem families. I saw four cases of scabies this year. There was one case of impetigo.

(4) *School meals*, maintain their standards, and most children in the infant and junior schools partake of school milk.

(5) *The hygienic conditions* of schools is generally excellent. Even in the oldest buildings there is an atmosphere of cleanliness, good ventilation and warmth. The teachers make the most of the facilities offered and the children are happy in their surroundings.

Repairs and alterations have been carried out in many school buildings throughout the year.

There is a certain amount of wilful damage by secondary modern school children in the new school buildings accommodating them. However, this is not a serious problem.

(6) *Infectious diseases*—there was an epidemic of measles in my area during the spring and summer months. There was also an outbreak of mumps and some cases of scarlet fever.

(7) *Attendances of parents* at school medical inspections were good. There was respectively a 99·5% attendance in Infant Schools, 75% in Junior Schools and 45% in Senior Schools in first year, but only 10% for leavers.

(8) There is good co-operation with the Youth Employment Officers in the area and also with the Senior Welfare Officer.

I find the headteachers' co-operation is excellent with no exception. They are all anxious to have school medical inspections and welcome us into School.

(9) *Immunisation* has proceeded well this year. Diphtheria booster immunisation has continued steadily during the school year. Tetanus boosters at 10 years are also being done. B.C.G.'s were done in all senior schools. Poliomyelitis vaccination was carried out in clinics.

(10) Some *health education* sessions have been given in schools this year, particularly on Dental Health.

I have recently started a series of lectures on General Health Education at Chesterfield Technical College. There has been a good response in attendance and audience participation. How successful they are is hard to judge. I hope to evaluate the course at the end of the college session.

(11) *Plantar warts.* I have seen six cases of plantar warts at school inspections and clinics this year. Some are treated by the general practitioner, some are referred by the general practitioner to hospital.

(12) *Relationship* with the general practitioners is good. There is a spirit of co-operation and friendliness, and I have found no antagonism, only helpfulness from these general practitioners in my area".

Dr. H. E. NUTTEN (Part-time) (Part of N.W. Division):—

(1) "*The general health and well being of the children* was with very few exceptions extremely good.

(2) *The physical condition of the children*: Out of all the children examined at the routine school medical inspections two children were found to be "unsatisfactory".

(3) *The cleanliness of the pupils* remains at a fairly high level. Out of 366 boys and 609 girls, the heads of one boy and two girls, were found to be infested with nits. There were no cases of either impetigo or scabies.

(4) *School meals. The Milk-in-school scheme.* These are working well and are well patronized. 76% of the children of my schools take school meals and 90% participate in the milk-in-school scheme. Both these schemes contribute to an adequate and well-balanced diet and are of great assistance to the children, especially those coming from poorer homes.

(5) *The hygienic conditions of schools:* One junior school in the area is very old and completely beyond redemption so far as the buildings are concerned. It is hoped that a new school will be built in the near future to satisfy the ever increasing population in this particular part of the town. Apart from this, the condition of the schools continues to improve slowly year by year. There are, however, no medical inspection rooms in any of the schools except one, and here the room is too small.

(6) *Infectious diseases:* No epidemic occurred during the school year. Absences were usually due to coughs and colds, and a few cases of mumps, chickenpox and measles.

(7) An *Enuretic Clinic* is held one morning per week by appointment and during the year 12 alarms were issued to new selected cases. Since these alarms were issued by the County Council there has been about an 80% success rate.

No routine 'sweep' tests were done in the schools, but any child seen at routine medical examination and who was either "at risk" or with any sign of *ear trouble* or who had difficulty in responding to the whisper test was seen at the Clinic on a separate occasion and complete *audiometric examination* performed. It is unfortunate that routine sweep tests are not done in the schools. It is relatively easy to teach someone to do this test and in this way quite a number of children are found to have varying degrees of deafness where this condition was not previously considered. The more severe deafness we discovered with full audiometry and of the two children who were fitted with hearing aids one had been classified as a maladjusted

pupil and recommended for admission to that type of school and the other was a boy of six years old who had come to this country from Canada and had been labelled as aphasic and had never previously attended school.

(8) *Immunisation procedures:* Due largely to the interest shown by the general medical practitioners primary immunisation in the Borough against diphtheria, whooping cough and tetanus is virtually 100%. Vaccination against poliomyelitis in the school population must again be 100%. It would seem, however, that many parents are not having their children immunised with a booster injection for tetanus and diphtheria.

(9) *Health Education:* The Health Visitors give talks to all the eleven year old girls on menstruation. Due to the lack of nursing staff no other health education lectures could be given. Advice was given individually during routine school inspections.

(10) *Plantar warts:* No cases were seen.

(11) *The inter-relationship between the National Health Service and the School Health Service:* Hospital specialists have sent detailed reports when asked for information about any children attending their clinics. Reports of any children seen by Ear, Nose and Throat and Eye Specialists are always sent as a matter of routine and these we find extremely helpful. The co-operation between the general practitioners and the local authority continues to be excellent".

Dr. MARY SUTCLIFFE (Part-time) (Part of N.W. Division):—

"(1) *The general health and well-being of children.* Most of the children seen during 1965 lead full lives in secure and happy homes. The improved economic conditions and better housing during recent years have ensured a high level of general health, cleanliness and nutrition for the majority.

(2) The number of children whose *physical condition* was considered to be unsatisafctory was virtually the same as in the previous year, 1·33 per cent in 1965 compared with 1·32 per cent in 1964.

The secondary school leavers contained the highest proportion of children noted to be suffering from conditions for which treatment was considered necessary. Again the largest number of defects was found in descending order of frequency in the dental, visual and orthopaedic groups.

(3) The *cleanliness surveys* in the schools were incomplete due to illness of the staff concerned. Consequently there was an increase in the number of children with verminous heads from 3·93 per cent in 1964 to 5·68 per cent in 1965.

Four cases of impetigo, but none of scabies, were treated at the Minor Ailments Clinic.

(4) *School meals: the milk-in-schools scheme.* On a day in September, 72·104 per cent of pupils in attendance at school had school dinners, compared with 54·15 per cent in 1964. The increase is partly, though not entirely, due to the re-grouping of the schools which has necessitated a longer journey for many children, particularly for those at the comprehensive school. School dinners are planned to provide a sound diet for the growing child and to supply a substantial proportion of the child's energy requirements. In most schools a good standard is set and every opportunity is taken for social training. In one school, where three sittings have to be served in a period of one hour and forty minutes, it is inevitable that the meals have to be rushed.

On a day in September, 71·78 per cent of pupils participated in the milk-in-schools scheme, compared with 85·44 per cent last year. The milk was less popular with the older children.

(5) *The hygienic conditions of schools.* Very great improvements in hygienic conditions have followed the building of a new county infants' school in Hadfield, the extension of the Glossop Grammar School to form a comprehensive one, and the closure of two old primary schools. A few of the older schools still in use need indoor sanitation to enable them to comply with modern standards, and one school still lacks the provision of hot water in some of the cloakrooms. Facilities for medical inspection are poor in many of the schools, the room provided often being cold, noisy and with insufficient privacy. Even in the new comprehensive school the medical suite required modification before it could be considered entirely satisfactory.

The standard of hygiene is high in the eight school kitchens and all are provided with good modern equipment and labour saving devices.

(6) *Infectious diseases.* One hundred and eighteen cases of infectious disease were notified from primary schools. Measles and rubella were prevalent in June, and chickenpox accounted for forty-three infections in the last quarter of the year.

(7) The *attendance of parents* at periodic school medical inspections decreased progressively as the children got older. The parents of school entrants showed the greatest interest and were most co-operative in seeking to remedy any defects found.

By the time the children were ready to leave the primary schools several mothers were going out to work and were too busy to attend with the children, though a few sent letters asking for details of any abnormality discovered. In the case of secondary school leavers many parents appeared to be unconcerned about the findings at the inspection and the attendance fell to 9·82 per cent. It is far from satisfactory if the School Medical Officer is unable to discuss with the parent at the time of the inspection any matters relating to the welfare of the child.

(8) *Immunisation procedures. Diphtheria, whooping cough, tetanus.* Regular sessions were held at the Glossop Clinic for preventive inoculations against these diseases. The majority of parents requested the triple antigen. Ninety-two children completed a primary course of diphtheria immunisation, compared with sixty-eight last year and fifty-two received re-inforcing doses, twenty-four fewer than in 1964. The last notification of diphtheria in the area was in 1950.

One hundred and six children completed prophylactic treatment against tetanus and in ninety-two instances it was combined with other prophylactics. There was a smaller demand for tetanus vaccine to be given singly.

Poliomyelitis vaccination. There was a tremendous increase in the number of people protected against poliomyelitis in 1965. Most of the 10,913 doses were administered at the end of August and the beginning of September following a case of poliomyelitis in an adjoining county. The unprecedented demand for mass vaccination placed a great strain on the resources of an already understaffed clinic.

B.C.G. Vaccination against tuberculosis was offered to all school children of thirteen years and upwards attending secondary schools. The acceptance rate was 68·29 per cent and the percentage of positive reactors 4·3: the latter was 0·85 more than the figure for last year. Where small numbers are concerned, annual fluctuations are to be expected and the downward trend may well be resumed in 1966. The importance of protection against tuberculosis during the most susceptible years of a child's life has not yet been realized by many parents.

(9) *Health Education.* During school medical inspections and clinic sessions increasing emphasis is placed on education for the promotion and maintenance of good health and for the prevention of disease. Advice is directed towards helping people to help themselves and to the changing of faulty habits and attitudes by persuasion and discussion of facts.

(10) *Plantar warts.* There appears to have been a decrease in the incidence of plantar warts. Most of the children affected were of secondary school age.

(11) *The inter-relationship between the National Health Service and the School Health Service.* There is a useful exchange of information between the Paediatric Department of the local Hospital and the School Health Service in regard to the care and after-care of school children discharged after in-patient treatment. The Health Visitor supplies details of the home environment and arranges to follow-up children when necessary.".

Dr. WINIFRED GOW (Whole-time) (Parts of N.W. and N.E. Divisions:—)

"(1) *The general health and well-being,* and the physical condition of the children, remain satisfactory, as hitherto.

(2) *Cleanliness.* In general, excellent. Always a few less careful families, but very small percentage. No scabies seen, perhaps ten instances of impetigo, very few infestations occurred, again in the few less careful families.

(3) *School Meals and the Milk-in-Schools Scheme.* Beneficial, unquestionably, unfortunate that issue of school milk so often attended by concomitant biscuits. Dinners as always a great tribute to those who prepare them.

(4) *Hygienic condition of schools.* All these very greatly improved in the last 10 years. Hard to think of instances where there still remain unsatisfactory conditions.

(5) No *infectious disease* assumed unusual importance.

(6) Very few children reach school age without having been *immunised.* Many parents of older children seeking advice protection against tetanus.

Increased demand in N.W. for vaccination against poliomyelitis, as a result of "scare" in Cheshire. No panic whatever further east where almost every child is already protected, and many adults.

The Ministry's B.C.G. scheme continues.

(7) *Health Education* mostly confined to individual advice, but on this level a great deal of topics covered. This one of the most useful features of school medical inspections.

(8) *Plantar warts* only seem to bother a certain very particular kind of family. One suspects others may have warts which come and go unnoticed but I must say very few indeed seen on inspection. The schools are conscious of the risk of spread and take quite reasonable precautions.

(9) Relations with general practitioners remain most helpful and co-operative, and on the whole the same applied to the hospitals.".

Dr. J. A. GAWTHORPE (Whole-time) (Parts of N.W., N.E. and Mid-Divisions):—

"(1) *The general health and well-being of the children* continues to remain at a satisfactory level.

(2) *The physical condition of the children* is on the whole good, it being a very rare occurrence indeed for a child to be classified as unsatisfactory.

The distribution of defects found at medical inspections remains as in previous years—dental caries being the most common, followed by visual defects, and this is true in the Infants and Junior Schools, being followed by catarrhal conditions of the upper respiratory tract, although I have the impression that cases of otitis media, particularly with perforation of the tympanic membrane, are showing a decrease as compared to former years.

Any defect found to require treatment is invariably promptly dealt with, with the exception of one or two noted families, where it requires a good deal of persuasion on the part of the staff of both the Health and Education Departments before the parents will make an effort to see that their children receive the treatment which can be so readily provided.

(3) *The cleanliness of pupils* continues to be of a high standard, any deficiencies in this respect being confined to a few noted families. I have seen no cases of impetigo or scabies during the past year, and the incidence of pediculosis capitis found at hygiene inspections remains at a very low level, here again being confined to the few noted families.

The clothing of the pupils is on the whole very satisfactory. Suitable footwear, or more precisely the lack of it, is a problem in one or two cases. I well remember being asked to see a 10 year old boy in the Junior Department of a school, who had been excluded from swimming because it appeared that his feet were covered in blisters. Upon examination it was found that he had corns on eight toes out of ten due to wearing excessively pointed shoes, showing that the dictates of fashion are not confined to the Secondary Schools.

(4) *The School meals* continue to give good value for money, the standard of meals keeping at a very satisfactory level. In some schools, a very high percentage indeed of the pupils stay for school dinners.

The Milk-in-Schools scheme continues to remain satisfactory, although I would emphasise that in some schools more attention needs to be paid to storing the milk before it is drunk.

(5) *The hygienic conditions* of the schools are on the whole satisfactory. Improvements are gradually being made in the older schools to bring them up to the required standard.

The general arrangements and cleanliness of the school canteens are invariably very satisfactory. The cleanliness of one or two schools which I have inspected during the past year leaves something to be desired, but I am hoping for an improvement in this respect following my inspection.

(6) There have been no outbreaks of *infectious diseases* of any severity in my area during the past twelve months. I was however asked to carry out T.B. Skin Testing and B.C.G. Vaccination at one school, following the discovery of one girl suffering from T.B. Glands of Neck. Of the 75 children tested, seven had a positive reaction, five of these being severe reactions. These five children were referred to the Chest Physician for X-ray examination. In all cases the chest radiograph was normal. and the Consultant Chest Physician has arranged to keep the children under observation.

(7) *The attendance of parents* at School Medical Inspections continues in the pattern of previous years, i.e. practically 100% at the examination of new entrants, considerably less at the routine examin-

ation of 11 year old children, and even less at the school leavers' examination. One pleasing feature is the high attendance of parents at "Re-inspections" and "Special Inspections", particularly in the Junior Schools, where it is very nearly 100%.

(8) The vast majority of children seen at the Entrants' examination in Infants Schools, have been *immunised* against Diphtheria, Tetanus, Pertussis and Poliomyelitis during infancy, and a high proportion of them have also received the booster doses against Diphtheria Tetanus, and Poliomyelitis at 5 years of age. In the case of children not having received this booster dose, those whose parents wish it are given the booster dose against Diphtheria and Tetanus during the course of the School Medical Inspection, and are referred to the appropriate Poliomyelitis Vaccination Clinic for the booster dose against poliomyelitis. Where the parents wish the Family Doctor to perform these procedures they are of course referred to the Family Doctor.

Routine T.B. Skin Testing and B.C.G. Vaccination has been carried out at the 13+ level, and the response to this vaccination has been quite satisfactory. All severe positive reactors have been referred for further investigation, but no cases of pulmonary tuberculosis have been discovered.

(9) *A*dvice on *Health Education* is given individually where appropriate during the course of School Medical Inspections. No requests have been received from the Schools to give formal talks on the subject, but in most of the Secondary Schools in my area these have been given by the Health Visitor.

(10) A considerable amount of time has been spent in the investigation, including intelligence testing, of children who are reported as being backward in their school work. This particularly applies to Junior Schools. I find this to be a most valuable and rewarding part of a School Medical Officer's work, because in the event of a child being considered for special education, one has knowledge of the case from the very beginning.

(11) I have found a few cases of *plantar warts* during the course of School Medical Inspections, and as far as my area is concerned, this is not causing any real problem. In all cases, the appropriate treatment was obtained.

(12) The relationship between the National Health Service and the School Health Service continues to be satisfactory.

(13) No children have been sweep tested for deafness in my Area. All new entrants are of course given a hearing test using the Test Cards, and in the event of there being any suspicion of loss of hearing these children are referred for audiometric examination.".

Dr. BRENDA E. JOHN (Whole-time) (Part of N.W., N.E. and Mid-Divisions);—

(1) "*The general health and well-being of the children* in this area is extremely good. Practically all children are in good health and seem to enjoy their school life.

(2) *The physical condition of the children* is also very good. There is the inevitable period early in school life when the children are susceptible to childish ailments and recurrent upper respiratory tract infection sometimes with associated catarrhal deafness. These and defects of vision make up the physical defects which occur most frequently.

(3) *The cleanliness of the pupils* is very good, and I should say considerably higher than is the case in industrial areas. Odd cases of pediculosis have been seen. They occur mainly in families which are known to be liable to infestation. Two cases of impetigo were seen during the year.

(4) *School meals and the milk-in-schools scheme.* The school meals of which I have had first-hand experience have been in the main well prepared, attractive, ample and nourishing.

The milk-in-schools scheme is undoubtedly of value both as a nourishing refreshing drink at breaktime and to replace hasty breakfasts. It never ceases to surprise me how many children go to school without a cooked breakfast of any sort—in some cases even if it is cooked they refuse to eat it.

(5) *The hygienic conditions of schools.* Ventilation, heating and lighting in schools are almost invariably satisfactory. The heating in smaller schools is sometimes provided by coke stoves in the classroom which are stoked by teachers—these lead to a dirty fumy atmosphere quite apart from the work involved. Some of the central heating systems prove inadequate when extensions are made to the school with the result that classrooms at the end of the heating circuit are poorly heated.

Hot water and paper towels are now universal.

The School canteens are clean and well equipped.

(6) *Infectious diseases.* Measles, german measles and chickenpox were prevalent during the past twelve months.

(7) *Attendance of parents at school medical inspection.* This is almost 100% at the 5 year old level; 60 - 75% at the 11 year old level; 25 - 35% at leaver level. Parents do however take a keen interest in the health of their children, and when defects are pointed out are almost invariably co-operative.

(8) *Immunisation procedures.* The level of immunisation against diphtheria, whooping cough, tetanus and poliomyelitis is high and only a very occasional child has not been immunised. This is sometimes due to prejudice against injections, which can sometimes be overcome, or the fact that immunisation against poliomyelitis is available by oral methods stressed. *B.C.G.* The acceptance rate of B.C.G. inoculation in this area is very good and overall reaches the level of 82%.

(9) *Health Education* remains essentially at the individual level, suited to the particular case, supplemented by appropriate leaflets or displays.

(10) *Plantar Warts.* Isolated cases of plantar warts only have been seen.

(11) *Inter-relationship between the National Health Service* and the School Health Service is satisfactory, and co-operation is nearly always forthcoming.

(12) *No children have been sweep tested for deafness* due to the lack of a portable audiometer. Audiometry has been carried out at the clinic however: (a) on children suspected of deafness when examined clinically; (b) on children queried for hearing by headaches; (c) on any child recommended for speech therapy.".

Dr. THELMA S. ADAMS (Whole-time) (Part of N.E. Division):

"(1) *General health and well-being.* Most of the children I have seen were in very good general health. There were, however, the odd few who appeared undernourished, and rather dirty and ill-cared for. These children belonged to families well-known as "problems" to several branches of the Public Health Service. Discussions with the parents regarding the health of the child did not produce any improvement. Suggestions that some of these children should go to schools for "delicate" children were received with no enthusiasm at all. The Health Visitor, however, is an important link with these families—she often has the confidence of the mother, and can pass on any of my suggestions with greater success.

(2) *Physical condition.* I was concerned to find a large number of children with carious teeth. This number varied from place to place. Those children with access to Clowne Clinic had healthy mouths and well cared for teeth, but many children in Shirebrook and Langwith had severe untreated caries. In this part of the area there is no school dentist, and the nearest private dentists are in Warsop and Mansfield—about 5 miles away. In many cases parents considered this too far to go to a dentist. There seems to be a surprising lack of concern regarding dental health. Several children told me of their intention to "have them all out" when they left school. They showed no interest in trying to preserve their own teeth.

In some senior schools a large number of children examined had defective vision. Some senior girls admitted to having been unable to see properly for some time, but had not done anything about it. I think, in some cases certainly, a reluctance to wear glasses was behind this.

I also found a large number of children—particularly 11 year olds with chronic discharging ears. Several had never had any medical treatment. They were referred to their general medical practitioner.

Four children have been referred to special schools: two because of repeated chest infection, one to a school for blind children, and one to a school for epileptic children.

(3) *Cleanliness* In general most children were very clean—the cleanest of all being infants and first year Secondary school children. There is a falling-off in cleanliness after 11 years of age so that several leavers in the secondary schools were not very clean. Chief faults are hair and feet. Senior boys sometimes have long hair which generally hides grubby neck and ears. The hair is often unwashed and greasy. Senior girls tend to have "bouffant", lacquered hair styles which sometimes is well combed over a chronic discharging ear. Feet tend to be neglected in leavers who may be perfectly clean elsewhere. Some senior girls wear ill-fitting, very tight brassieres which leave large wheals on their shoulders. These wheals become pigmented after a time.

There has been an increased incidence of pediculosis this year—seven cases as opposed to no cases last year. All have been successfully treated by medicated shampoo.

I found one case of scabies in a girl of 9, who had had it for several months. Her mother, father and elder sister were similarly affected. She was referred to her G.P. for treatment and the Health Visitor went to the home to investigate conditions there.

(4) *School Meals.* These are of a very high standard in all schools visited. My only suggestion is that perhaps for obese children an alternative of, say, fresh fruit could well be provided instead of the pudding. Mothers of these children have told me that they eat large helpings of pudding at school, as they no longer have it at home when dieting.

(5) *Infectious Diseases.* There have been the usual outbreaks of measles and chicken pox affecting the infants' schools. The measles epidemic had its peak in March, 1965. Chicken pox followed in May, 1965. At one Infants' school in November, 1965 there was an outbreak of an illness which consisted of diarrhoea and vomiting accompanied by quite severe malaise. This lasted three days, in most cases, and often affected several members of one family. About 20% of the pupils were affected.

(6) *Special Aspects of Work in the School Health Service:—*

(*a*) *Nocturnal Enuresis.* Twenty-eight children were issued with alarms this year. In three cases complete success was achieved after 6-8 weeks use. The rest showed varying degrees of improvement—the usual pattern being nightly wetting reduced to about once in 2-3 weeks. Histories taken from parents revealed that none of these children had ever been dry, and in all cases but one there was a family history of bed-wetting on either the maternal or paternal side, sometimes on both. In a few families several siblings were bed-wetting at the same time. I came across one child who had his enuresis treated very successfully with psychotherapy from Dr. Thorpe, the Children's Psychiatrist in Chesterfield. The alarm system is obviously not the whole answer in most cases, and I feel that re-adjustment of the home situation would help many of these children.

(*b*) *Obesity.* All children found to be overweight on examination at school were given appointments to come to the clinic with their mother, to discuss this. In all cases the parent was very co-operative, though a number of surprising facts emerged. One mother—whose fourteen year old daughter weighed 13 stones—was afraid to stop the girl eating anything in case she developed T.B. This woman herself had had pulmonary T.B. many years before. Reassurance regarding the value of a well-balanced diet, low carbohydrates had good effect. The girl has already lost 8 lbs. Other mothers were unaware that foods with a high carbohydrate content—e.g. bread, potatoes—were fattening.

(*c*) *Psychiatric Treatment.* A few maladjusted children have been referred to Dr. Thorpe over the past year. One boy of 5 years would speak only very rarely and showed great aggression to other children. He has shown improvement since referral to the clinic, where he is seen at monthly intervals.

(7) *Immunisation Procedures*:—

(*a*) *Diptheria and Tetanus Boosters.* Parents of children aged 5 who had not had this were asked to give their consent. This was obtained in most cases and about 20-25 boosters have been given in each infants' school.

(*b*) *Tetanus.* Older children who had not had this have started a course of immunisation with tetanus toxoid. A surprising number of parents were unaware of its importance.

(*c*) *Polio.* Any child who had not already been immunised was offered a course. Such children were few in number.

(8) *Health Education.* A number of girls in their last year at the Junior School have started menstruating. On enquiry I found that many mothers were "too embarrased" to explain its significance to their daughters. Others said that they "did not know how to put it". Pamphlets offering a clear and simple explanation were given to these mothers.

Pamphlets concerning the dangers of obesity were distributed to the mothers of overweight children.

(9) *Plantar Warts—and feet generally.* Plantar warts were commonest in those schools which went swimming and had showers. Even so, the number of cases was very small. The largest number in any school at any one time was 4. They were all referred to their G.P. for treatment and told not to go swimming or to have showers until the condition had cleared. The names of these children were given to the head teacher to ensure that instructions regarding swimming and showers were carried out.

In general, feet were in a surprisingly good condition considering the number of children who wore shoes of unsuitable shape. These were mostly boys, who wore very pointed, tight shoes. Luckily pointed

toed shoes for girls are "out" and more sensible round-toed, low heeled shoes have taken their place. I saw a few cases of metatarsus varus and one case of bilateral hallux valgus in a 14 year old boy.

(10) *Inter-relation between N.H.S. and S.H.S.* All the G.P.s in this area have been very co-operative. Any case requiring referral to hospital has first been referred to the G.P. Some children who had defaulted from hospital out-patient clinics were made further appointments either directly or via their G.P."

Dr. FRANCES G. BRILL (Whole-time) (Part of N.E. Division):—

"(1) The *general health and well-being* of the children remains at its previous high level.

(2) The *physical condition* of the children examined was in the main excellent, but an increasing number had to be classified as unsatisfactory mainly because of obesity.

(3) *Cleanliness of the pupils* presents more or less the same picture as in previous years, the members of sub-standard families being the worst offenders.

No scabies was seen; cases of impetigo were seen off and on in the primary schools, and prompt and effective treatment from their family doctors made exclusion from school unnecessary.

(4) *School meals*: the milk-in-school scheme continued to work satisfactorily, and meals sampled could not be faulted. I cannot, however, let this occasion pass without recording my own amazement at the continuous appetite of the children for endless streams of custard sauce.

(5) *Hygienic conditions* in all schools in the area remain unaltered, and comments made in previous reports still apply.

(6) *Infectious diseases*: No outbreak of any serious illness can be reported. Young children suffering from an erythematous rash of a transient nature and with minimal, if any, malaise, were presented by their mothers as possible cases of german measles. The very mildness of the condition, together with the brief duration of the rash, often accompanied with the information that the child has been diagnosed as a case of German Measles on at least one previous occasion, make me suspect that we were dealing with mild manifestations of ECHO virus infection.

(7) *Attendance of parents* at school inspections followed the previous pattern, i.e. nearly 100% at school entry, and dropping off considerably by school leaving age.

(8) *Immunisation procedures:*—

(a) Triple immunisation for diphtheria, tetanus and pertussis continues to be generally accepted by the majority of parents. Here again the sub-standard families present the greatest difficulties by defaulting.

(*b*) Poliomyelitis vaccination is equally readily accepted by the parents, and since it has been possible to administer it at the same time as the triple immunisation is done, fewer defaulters have had to be chased up, with much saving of the Health Visitors' time.

(*c*) Smallpox vaccination is the least popular of the prophylactic measures, and the postponement of this into the child's second year has made it more difficult to get the parents to co-operate.

(*d*) B.C.G. vaccination also continues to be readily accepted by the parents of over 90% of secondary school age children. We also saw pupils from time to time who present themselves for vaccination after having asked their parents to withdraw their previous refusal. All positive reactors to the tuberculin test continue to attend the Mass Miniature Radiography Centre for a chest X-ray.

(9) *Health Education:* During the year no demands were made by the schools for talks or films by the School M.O. Health education, however, went on unobtrusively during the course of parent-doctor interviews at the baby-clinics, school medical inspections, etc.

(10) *Plantar warts* are all referred to the General Medical Practitioners, who in turn either prefer to treat these themselves or to refer them to the Sheffield Royal Infirmary, where a special clinic is being held for these cases.

(11) Inter-relationship between N.H.S. and S.H.S. has continued on an increasingly satisfactory level all round.

(12) No routine sweep testing of hearing was carried out, but a small number of children suspected by parents or teachers to have a hearing defect, or because of a history of otitis medis, otorrhoea, etc., were tested, but up to the end of the year were not found to have any significant loss of hearing.".

Dr. J. A. HOWE (Part-time) (Part of N.E. Division):—

"(1) The *general health and well-being* of the children seen has been of the usual high standard, likewise the *physical condition* and cleanliness. It is rare to find neglected or undiagnosed defects, which is perhaps a measure of the usefulness of Infant Welfare Clinics, and the universal availability of general medical services under the National Health Service—with whose local practitioners by the way I enjoyed excellent relations.

(2) The besetting sin of the modern child I sometimes feel is carbohydrate, for, apart from visual defects, the commonest ailments (of which neither child nor parent complain) are overweight and dental caries.

(3) I deplore once more the mores of certain villages where the immunisation rate is low. Personal efforts at education with the mother present, I have found unavailing. The objector always appears to be the absent spouse.

(4) *Plantar warts* remain, and will continue to remain, associated with the cult of barefoot dancing and physical education.

(5) I saw *no infestation* and remember *no infectious disease epidemics* of any moment.".

Dr. ALICE T. McHUGH (Part-time) (Part of N.E. Division):—

(1) The *general health and well-being* of the children was very good, and the majority of children were very happy and cheerful, and showed little signs of neglect.

Many defects noticed by parents were attended to prior to entrance into school. The majority of defects were visual, as well as those of dental origin.

(2) *The cleanliness of pupils* was of a high standard, but one family of four children had to be excluded for three days from school with pediculosis capitis.

(3) *The School Meals and Milk-in-Schools Scheme* continue to be fully used.

(4) *The hygienic conditions* of schools varied. In the older schools, canteen facilities and outside sanitation are not of the best, also the facilities that are needed to carry out the Medical Inspections. Any complaints about defects, i.e. ventilation etc., were reported and dealt with through the appropriate channels.

(5) The parents co-operated very well at entrance routine Medical Inspections: their attendance was about 95%. It varied at the other inspections, but on the whole about 50% attended.

(6) Immunisation sessions were carried out immediately after routine medical inspection. A very high proportion of parents gave their consent to the entrants having their "Triple Booster" or Diphtheria—Tetanus injections.

Polio Sessions—held once monthly, but with low attendance. During the outbreak of Polio in Blackburn, some special clinics were held in the School clinic and were well patronised.

(7) *Health Education.* This was mostly given by Health Visitors, but at routine medical inspections of 11 year old if parents were present various types of literature, such as, on "growing up", was given.

(8) No cases of *Plantar Warts* were seen.

Dr. A. R. ROBERTSON (Part-time) (Part of N.E. Division):

"In 1965 I continued to be the School Medical Officer for one Grammar School. As in the past, the general health and well-being of the pupils attending this school is excellent. The only defect worthy of mentioning is vision. I have in the past pointed out how many of

these children wore glasses or had some defect of vision, necessitating observation. At the present time there are some 120 children whose vision I check regularly. Apart from vision, the physical condition of these pupils is excellent.".

Dr. ELEANOR SINGER (Part-time) (Part of N.E. Division):—

"(1) the *general health and well-being* of school children remains satisfactory.

(2) The *physical condition* is on the whole good. Upper respiratory tract infections are the commonest cause of school absences, especially amongst the children in the infant departments, of course.

(3) I have seen *no scabies* and *no impetigo* this year. *Pediculosis* remains chronic amongst the families known to be infested.

(4) *School meals* vary in quality. In some schools they are very appetising. In others less so, with in consequence, greater waste. The better meals are, of course, those prepared on the premises, especially at the smaller schools.

(5) *Hygiene of schools* in general is very satisfactory.

(6) There has been the usual run of *infectious diseases* amongst school children, together with a widespread, though mild, epidemic of "gastric flu".

(7) *Atttendance of parents* is generally very good—virtually 100% at 5 year old; 50% at 10-11; a few parents—maybe 10% —at school leaving age. For "special" examinations in Junior Schools the parental attendance is generally 100% too: this is very important.

(8) *Vaccination* against poliomyelitis is generally acceptable. Triple vaccination less so. Booster immunisations at 5 years old vary from school to school in acceptance rate—B.C.G. is about 80% accepted, but should be extended to older age groups than 15 years in order to "catch" those older children who missed vaccination in their third year at Senior school.

(9) *Health Education* is normal in this area. A certain amount fo this instruction naturally occurs at medical examinations.

(10) Very few *plantar warts* noted this year.".

Dr. TEISI URTSON (Whole-time) (Part of N.E. Division):—

"(1) The *general health and well-being* of school children is satisfactory.

(2) *Cleanliness*—two cases of impetigo and five cases of scabies were seen.

(3) The majority of children were without any significant physical defect. Ten cases of asthma, and two of epilepsy were seen. Three children had hearing defects requiring treatment; 47 children were suffering from enuresis.

(4) All the schools in my area have adequate light, ventilation, heating and washing facilities. Sanitation remains unsatisfactory; in all the old schools facilities for school medical inspection are most unsuitable.

(5) 125 entrants had booster and 20 children primary immunisation for diphtheria and tetanus. B.C.G. vaccination has been carried out in all senior schools.

(6) Four cases of *plantar warts* were referred for treatment.

(7) *Relationship with the local N.H.S.* is satisfactory.

(8) Again all the children seen at the routine medical inspection had an audiometric test. 490 children in primary schools had sweep test for deafness. 954 children in Staveley area were tested for deafness.".

Dr. CRISTINE M. DAVENPORT (Part-time) (Part of Mid-Division):—

"(1) The *general health and well-being* of children in my area seems to have improved during the past two years. The rehousing of a large neighbourhood, which had existed for many years with inadequate sanitation and washing facilities, may have contributed to the improvement in personal cleanliness and appearance. Nevertheless, there are still many children who require education in personal hygiene, and until all schools are equipped with showers, soap and towels, the teachers are unable to remedy an obvious defect in their social training.

(2) I have been pleased to see improvements in *school sanitation* particularly the provision of staff toilets, in several of my schools, following reports on deficiencies noted. This had the unforseen result, in some cases, of doing my medical inspections surrounded by plumbers' masonry awaiting installation!

(3) Many children are still entering school without having had any *immunisations*—some due to ill-founded objections, but most due to parental apathy. A little verbal pressure soon produces a signature of consent, and a monthly visit to each infant school ensures an almost 100% diphtheria—Tetanus protection. Now that polio vaccine can be given simultaneously, one hopes for a maximal protection to that also.

(4) Contact with G.P.s and hospital staff depends largely on letter-writing: one continues to spend much valuable time in writing letters and reports by hand, which could be saved by the provision of a dictaphone or shorthand typist at the clinic. No doubt, all professional staff working from the clinics would welcome such assistance.

(5) By kind permission of Dr. Weyman, I have used his audiometer to test children at the clinic, when clinical testing at school has suggested some auditory defect. Routine sweep testing of all children is not possible without exclusive use of an audiometer.".

Dr. J. DUTHIE (Whole-time) (Part of Mid-Division) :—

"The past twelve months have seen no major or minor outbreaks of illness in this area, although there have been a small number of cases of the infectious fevers in the primary schools.

Health education is beginning to show results in the direction of people's attitude towards prevention of the spread of infection. Such education is also evident in the markedly improved standard of dental hygiene.

B.C.G. vaccinations continue to be widely accepted. The number of tuberculin positive children in the twelve year old group has varied from 2% to 18%. Here there is a direct relation to social class: the higher figures being found amongst the lower social classes.

Cases of unilateral partial deafness continue to be found from time to time, and a number of cases must therefore continue to exist undetected, with obvious results on educational progress. There is a strong case to be made out for extending systematic screening into all areas.".

Dr. W. MORRISEY (Part-time) (Part of Mid-Division) :—

"(1) *The general health and well-being of the children.* With few exceptions, the children seen at routine inspections were healthy, well fed and adequately clothed. Few physical defects were found, defects of vision being the most common.

(2) *Pediculosis rates* were very low, and no cases of impetigo or scabies were seen at inspections.

(3) *School Meals; the Milk-in-Schools scheme.* The number of pupils having school meals continue to rise. There are now three schools in the area which have their own cooking facilities and the increased attractiveness of the meals is emphasized by the high numbers who take dinners at these schools. Up-take of school milk is satisfactory in all schools.

(4) The *hygienic conditions of the schools* are satisfactory. All have paper towels and hot water for handwashing. In some schools I would not regard the lighting as being satisfactory by modern standards.

(5) *Infectious diseases* did not constitute a great problem.

(6) *Attendance of Parents at Medical Inspections.* As in previous years this was excellent for entrants, but down to 3-4% for leavers.

(7) *Immunisation Procedures*:—

Diphtheria, Whooping Cough and Tetanus—most children in this area have received triple antigen from their family doctor in infancy and the majority the appropriate booster doses before starting school. Primary booster doses are offered to school entrants who require them but the numbers availing themselves of this service are very low at present. *Poliomyelitis Vaccination*—Most of this work is carried out

by general medical practitioners, and the level is high in school entrants. *B.C.G.*—There was a slight drop in the acceptance rate for skin testing which was marked most at the Secondary Modern School. Few school entrants have received smallpox vaccination.

(8) *Plantar Warts.* The number of cases did not vary much except in the case of one school, which received a good deal of local press publicity. In fact, the number of cases in this school was not greatly above average and inspection of the premises revealed no special defects of hygiene.

(9) *Co-operation* with general practitioners continues to be excellent, but little information is received from hospitals and specialists.

Dr. JEAN NETTLESHIP (Part-time) (Part of Mid-Division):—

"(1) The *general health and well-being* of pupils were good; only three pupils out of a total of nearly five hundred were classified as unsatisfactory.

(2) There has been the occasional case of *pediculosis* but I have seen no case of impetigo or scabies.

(3) *School meals* have been satisfactory, but at times seem to lack sufficient protein.

(4) Measles was rampant in the Spring of 1964, but there have been no epidemics since then.

(5) I have been taking a special interest in the *immunisation state* of the five year old entrants to my Junior and Infants' Schools. Of the 141 entrants, the immunisation state of 138 could be reasonably accurately determined. 21 had a full primary course of diphtheria, tetanus, whooping cough and polio in infancy, and a fourth polio and diphtheria/tetanus booster just before starting school; 71 had a full primary course of 'triple' antigen and polio vaccine in infancy but lacked one or both of the boosters. These 92 were regarded as being satisfactorily protected during their first five years (i.e. 66%). Of the other 46, 20 had received no immunisation of any sort, 8 needed a primary course of diphtheria/tetanus vaccine, and 18 needed a primary course of oral polio. In other words 34% had been unsatisfactorily protected during their first five years.

Full immunisation and/or boosters were offered to all those who needed them. Only one parent refused outright, and seven parents preferred to take their children to their own general practitioners. It is interesting to note that five of the seven children concerned were in the totally non-immunised group, and this may, of course, have been a more subtle form of refusal since time did not permit follow-up to be made.

All other children were fully immunised and the boosters given. This has been much easier to do recently, since we have been allowed to give diphtheria/tetanus and polio simultaneously. It means that there is no backlog of immunisation going on from term to term.

B.C.G. has been given at Heanor Gate School, Heanor Grammar School and Frederick Gent Secondary Modern School. There has been about 60-90% acceptance rate.

(6) I have not done any *health education* beyond persuading parents to allow immunisation procedures.

(7) Seven children (six of them girls) were found with *plantar warts*, most of which were receiving treatment.

(8) The *hygienic conditions of schools* were fair. All my infants schools have outdoor sanitation, which is very cold in winter. One was in a rather dirty condition.

(9) All five year olds were *sweep tested for deafness*, a total of 141 pupils. Two of those referred are still being kept under observation. Other forms in infants schools have been tested where time permitted (about another 60 children). A whisper test was used on 11 year old entrants, (a total of 110 pupils). One child was referred (ultimately to the out-patient's department) with chronic otitis media and some hearing loss.

Examination of 'specials' resulted in the discovery of two grammar school boys with hearing loss. One boy had total unilateral perceptive deafness following mumps: he was placed in a good position in the classroom. The other boy had a very severe bilateral deafness and chronic otitis. He was an accomplished (self taught) lipreader and was regarded as having good prospects in his coming 0 levels. None of the staff realized the extent of his handicap. He has now been given a hearing aid.".

Dr. P. WEYMAN (Part-time) (Part of Mid-Division):—

"(1) The routine examinations of the children in the schools allocated to me have been completed during the year with the assistance of other school doctors. I am most grateful for their assistance. The increase in numbers of one large secondary school and more work at the day special school have been factors in producing this situation. Time has also been taken from other work to carry out school work in the past; this is not now possible.

(2) The *general health and well-being* of the children remains satisfactory. This in spite of children coming to school without an adequate breakfast. Many of the children seem to mirror their mother's habit. The pressure on the household to get up and get out prevents mother from sitting down to breakfast. Probably not until mid-morning does she relax over tea and biscuits.

Is this the origin of some of our poor dental habits? Always stoking up with carbohydrates and leaving a residue to encourage dental caries. No time for a toothbrush and no time for a piece of apple at the end of a meal?

The *physical condition* of the children remains good. Does longer hair increase the amount of involuntary neck exercises and does this help posture?

(3) *Cleanliness of pupils.* There is little change. Reminders, encouragement, and sometimes assistance is required.

(4) School *meals* and *milk-in-schools* schemes have worked well.

(5) The *hygienic condition of schools* remains fairly satisfactory. The increase in equipment used for teaching purposes encroaches on space and must make cleaning more difficult.

(6) *Vaccination and Immunisation.* Encouragement and reminders are given to parents about the need to have their children vaccinated and immunised. B.C.G. vaccination is carried out as required. Co-operation is good.

(7) Every encouragement is given in schools to teachers to deal with *health education* subjects. Leaflets and posters are supplied.

(8) *Plantar Warts.* Occasional minor outbreaks occur. Care is taken on premises with shower-baths. Floors are treated with disinfectant. No one with a plantar wart is allowed to use shower-baths or do any bare foot work. Cases are relatively few considering the vast school population. Treatment seems to vary from "rub it with a pumice stone" to surgical removal. There seems to be some case for a school chiropody service to treat these warts. This type of service exists elsewhere.

(9) A great deal of co-operation is obtained from the general practitioners in the area on problems affecting the children. Very little information is ever received from hospitals or consultants.".

Dr. G. STOREY (Whole-time) (Parts of Mid and S.E. Divisions):—

"(1) The *general health and well-being* of pupils continues to show steady improvement, I think largely because of greater interest in these matters exhibited by the parents, who in turn are more initiated (for better or worse) than previously.

(2) *Physical condition.* There still seems to be a trend both to excess weight and earlier development. The latter seems to be slowing down, which is as well, or we would have junior school children capable of propagation in a year or two!

(3) *Cleanliness.* One family were found suffering from scabies, which cleared up under routine measures without (so far) recurrence. Otherwise, apart from a few isolated instances, cleanliness appears to have paralleled the parents' improvement in connection with the school child's general health.

(4) Slow but sure progress, limited clearly by the money available, is being made in respect of school facilities in general, e.g. hygiene, lighting, ventilation, etc.

(5) I find that to justify oneself during medical examinations (however old the person) it is necessary to spend a considerably longer time than that usually allocated on each individual. This applies

especially to entrants to reviews. I should, therefore, like to see more time devoted to these children than to routine inspections (e.g. of 11 year olds) which is time-wasting and on the whole unproductive of reward.

(6) All types of *immunisation* procedure continue to be well received and accepted. Very few adverse reactions (and then mostly mild) have been observed over a long period of carrying out such procedures, including smallpox vaccination, always providing the conditions have been met.

(7) With a few exceptions the liaison between the School Health Service and Family Doctors (and other branches of the National Health Service) has been in accord with the high ethical code which we all hope to keep".

Dr. R. DEAN (Whole-time) (Parts of Mid and S. Division):—

(1) *General Health and Well-being of the Children.* With few exceptions the pupils in this area were healthy, well-fed and adequately clothed.

(2) *The cleanliness of the pupils* was generally good, although about 2% could with advantage wash more frequently. One case of impetigo was seen in an infants' school, and this was considered to have followed the scratching of an eczematous eruption.

(3) *School Meals* continue to be satisfactory.

(4) *Hygienic conditions* are generally satisfactory.

Overcrowding in both new and old schools leads one to wish for a system of forced ventilation. I think more hygiene should be taught as a regular subject in junior and senior schools.

(5) *Infectious Diseases.* Scarlet fever was prevalent in the autumn at an infant school in an urban area. The cases generally were mild. Upper respiratory infections were widespread in infant classes.

(6) *Immunisation Procedures.* A few pupils attend the school clinics to receive triple antigen and polio vaccine. Most of the children in this area now attend general practitioners' immunisation clinics. The B.C.G. vaccination scheme is working well, and the help of the schools is much appreciated. Reports are regularly received from the Chest Centre on pupils who showed marked reaction to the tuberculin test.".

Dr. ROSEMARY HUGHES (Part-time) (Part of S.E. Division):—

"This report covers the Spring, Autumn and Summer terms of 1965.

(1) *The general health and well-being* of the children continues to be satisfactory on the whole.

There has been a high proportion of children in the infant age group suffering from recurrent catarrh and coughs. Mothers can be re-assured that these ailments are common amongst children first entering school.

(2) *Physical Condition.* Bad posture and dental caries were still prevalent, as were quite a lot of minor orthopaedic defects. Visual defects were prevalent, also hearing defects, and many were referred for audiometric tests. Quite a large number of boys and girls at the age of puberty complained of symptoms such as vague abdominal pains and periodic dizzy turns or fainting in prayers. Most were reassured and some referred to the G.P.

(3) *The standard of cleanliness* is on the whole quite high, except for a few problem families. School staff have asked for help in some cases and the Health Visitors have visited the houses in question.

(4) *School Meals* are of a high standard. I found that in one County Secondary Modern School in my area, quite often children would visit the medical room complaining of feeling sick or dizziness: on questioning, it was found that they had usually come to school without breakfast or even a drink. The milk-in-school scheme and school lunches ensure that these children, when home meals are haphazard, at least get some nourishment during school hours.

(5) *Hygienic conditions.* Most of the schools have adequate heating and lighting systems. Full reports on all my school premises were submitted in April, 1965. While inspecting the modern schools, I noted that nearly all the lavatories had inadequate ventilation, and consequently smells were often present. One infant school still had a system of keeping one hand towel in each classroom and the children had to walk from washbasin to classroom to dry hands. The towels were only changed once a week. This situation was discussed with the headmaster and now paper towels and disposal has been provided.

(6) *Infectious Diseases.* Only one infant school in my area had a bad measles epidemic and this was in May, 1965.

(7) *The attendance of parents* in the infant group has again been excellent. About 60% attend the 11 year old examination and about 25% attend the school leaver group. Those who attend are glad to be given the opportunity to discuss their children's problems.

(8) *Immunisation procedures.* The triple vaccine is not given in the schools but by the G.P. or at the Public Health Department. A polio session is held once a month at the County Council Clinic and there has been a high attendance since the outbreak in the North. Reminders about all boosters are given at school medical examinations. I assist Dr. Woolgrove when he comes into the Secondary Schools to give B.C.G. vaccinations.

(9) *Health Education.* I find that all the schools in my area are most co-operative and willing to discuss and enquire about the most suitable ways to put our various aspects of Health Education. Films on general hygiene, smoking, and the facts of life are always acceptable.

I have not had much contact with the Youth Employment Service until last summer term, when I had a long discussion with the Youth Employment Officer. He supplied me with a lot of helpful information and when dealing with future school leavers I expect to have more contact with the Youth Employment Service.

(10) *Plantar Warts* are definitely on the increase in the senior schools. There has been a marked increase in one large secondary school where the children are bare footed for P.E. and the showers are used frequently. The Health Visitor is about to carry out a foot inspection throughout the whole school and if necessary will set up a clinic there.

(11) *National Health Service.* Throughout the year I have frequently had to seek information about patients from the family doctors. Without exception I have found them all most co-operative and helpful."

Dr. EVELYN B. HORTON (Part-time) (Parts of S.E. and S. Divisions):—

"(1) The general health of the children is good. The "problem families" remain as problems—the children in these families receive extra attention and regard for their well-being, from the school staff and Welfare Services, e.g. regularly supplying a change of dry, warm clothing when a child arrives at school inadequately clothed for the weather.

(2) The physical condition of the children is good generally, although I was surprised to find that out of a yearly entrance of 205 pupils to one Secondary Modern School, sixteen pupils have, in my opinion, *serious permanent or chronic* physical defects including diabetes, epilepsy, congenital heart lesions, chronic nephritis, congenital orthopaedic defects and lung disease—i.e.7·8%.

At one of the Grammar Schools the incidence is 4·5%, including congenital orthopaedic defects, lung disease and rheumatic heart disease.

(3) *Cleanliness of the Pupils.* There has been no pediculosis, impetigo, scabies, etc., in my schools during this year.

(4) *School Meals: the milk-in-schools scheme.* Fresh fruit courses are provided when possible in the Grammar and Secondary Modern School as alternatives to steamed puddings, etc., for overweight children, attempting to stay on a diet.

(5) *The hygienic conditions of schools etc.* All efforts are made in the schools to improve hygiene, but one cannot do the impossible when faced with over-crowded and old Infant School buildings. The appointment of Welfare Assistants in the Infants' Schools is of benefit in that elementary hygiene can be insisted upon and children helped when necessary.

(6) *Parent attendance* has been good, although there were successive drops in parent attendances at the eleven and fifteen year old examinations.

(7) *Immunisation procedures.* I have continued the monthly Infant Welfare Clinic at Borrowash and the monthly Poliomyelitis Vaccination Session at Chaddesden Clinic. B.C.G. Vaccination sessions at Spondon House and Spondon Park Grammar Schools were undertaken by Dr. Woolgrove.

(8) *Health Education.* No particular health matter has been discussed. Parents raise minor problems and seem glad of some discussion and re-assurance. It is sometimes difficult to persuade parents that Smallpox vaccination is still an advisable procedure.

(9) *Plantar Warts.* Verrucae remain a problem: the impression is that children under nine years old who attend Chaddesden Verrucae Clinic have contracted their foot infections from older siblings with Verrucae. The older children of course, take part in P.E. and Swimming instruction.

(10) *The inter-relationship between the National Health Service and the School Health Service.* All contact with the General Practitioners in this area has always been very cordial and helpful. It is encouraging occasionally to receive full copies of hospital reports, although most of these come from the Nottingham Group of Hospitals, and, with the exception of Orthopaedic reports, rarely from Derby.

(11) *Number of children "sweep tested" for deafness.* No children have been "sweep tested" in this area. I endeavour to ascertain any defect in hearing at the five-year-old examination, although it takes time and patience to get co-operation using the watch test. Some children are immature and *unable* to co-operate at this age, but on the whole I find it is a successful and reliable test. Children who are immature and difficult to test are seen one year later.".

Dr. MONICA L. TISDALL (Part-time) (Parts of S.E. and S. Divisions):—

"(1) *The general health and well-being* of the children remains good. Physically the standard is in general excellent, and where it falls short there are sound, economic or psychological, reasons in the home

(2) *Cleanliness.* There has been some increase in pediculosis, particularly in families where there has been prolonged unemployment or illness, but with the regular work of the Health Visitors in hygiene it has been confined.

(3) *School dinners and milk* are as popular as ever. In one school the overcrowding and necessity of two sittings has caused considerable inconvenience and on wet days particularly a higher incidence of minor injuries in the lunch hour. New buildings should in time solve this problem.

(4) The general *cleanliness* in schools and kitchens is well maintained. The *Latrines* in some schools still need modernisation. *Beds* Few schools among the Infant and Junior section have a couch or

camp bed for the use of *children taken ill at school*, and still fewer a medical room. With so many mothers going out to work adequate provision is vital. The appointment of Welfare Assistants is very welcome.

(5) *Parents* are attending better, particularly for the older girls and the 'special class' children. The attendance of a few fathers with the older boys has been very welcome and with shift work it is often possible.

(6) *Immunisations.* Fewer immunisations are necessary in school each year, as the majority are completed by the general practitioners or at the clinics before school entry. *B.C.G. immunisation* was carried out in the secondary schools.

(7) *National Health Service and the School Health Service.* In the majority of areas these services are co-existant rather than closely co-operative and complementary. Wasteful overlapping of work and of trained personnel would seem in some degree inevitable until there is a full integration of preventive and curative medicine.

(8) *Sweep Tests of Hearing.* These were carried out on 244 children, mainly infants. These were all children who failed the 'watch' test, as I had found last year, when carrying out both tests on all entrants, that the results were uniform and correlated exactly.

(9) *Co-operation.* I would like to express my gratitude to the Head teachers and their Staffs for their welcome and co-operation; with the present overcrowding and lack of accommodation in many of the Infant and Junior Schools, the School Doctor's visit causes considerable inconvenience but it is coped with most cheerfully and helpfully.

The Health Visitors always have been most helpful and their knowledge of the families is invaluable.".

Dr. M. ALLAN (Part-time) (Part of S. Division):—

"(1) Taking into account all the information gained from my visits to the schools when I see children in assembly, in the classrooms or on the playing fields, with that of routine medical inspections, it is quite obvious that *the children's health is very good.*

(2) During the year I saw a few children classified in Category 'U' and usually these children have been subject to some domestic upset, either broken home or a parent re-marrying, causing the child's nutrition to become subnormal, and of course there were the inevitable few children who were overweight and had to be referred to the General Practitioner and sometimes sent to Hospital to a Consultant.

(3) There were no cases of *impetigo* or *nits* seen at Medical Inspections.

(4) Most of the schools now have their own kitchens and this allows more variety in the *meals* since it removes the distribution

handicap, and I am quite sure from the meals I have seen that the kitchen staff give great thought, care and imaginative planning to their service.

(5) The new schools with the good planning and excellent colour schemes have high-lighted the deficiencies of the older schools. I am certain that it is only the financial stringency which delays the replacement of the older type of schools, but the latter have been greatly improved by re-decoration.

(6) During the year there was a measles *epidemic* in Schools in my area, but there were no admissions to Hospital.

(7) *Diphtheria Immunisation*—The triple vaccine has been very readily accepted by the parents. For the booster or reinforcing doses I get an excellent response from the school entrants and have had the utmost assistance from the school teachers and the parents.
Polio. Vaccination. Since the inception of the oral polio scheme, the numbers have increased and, of course, this is no doubt due to the facility with which it is given, making it readily accepted not only by the children, but by the adults.

(8) *Health Education* In my area I have Primary Schools only and do health education mostly through the parents and the teaching staff. In addition, I do a fair amount of health education out with the S.H.S. to Youth Groups, Women's Institutes, Church Groups and other organisations.

(9) The *co-operation* continues steadily between the Local Health Authority Services and some of the General Practitioners in the area. The Hospital letters are very useful and save many enquiries which would otherwise be necessary.

(10) Any children in my schools suspected of *deafness* are tested individually in the sound-proofed room in the Clinic and in some cases are referred to Dr. Duthie when he comes to the Clinic in Swadlincote".

Dr. J. W. CRAWSHAW (Whole-time) (Parts of S. Division):—

"(1) The *general health and well-being* of the children is very good, and the main causes of disability seem to be either congenital or psychological. Physically the children have improved considerably in the fifteen years which I have spent as School Medical Officer in this area. There are very few children who are not clean and I have not seen any of the diseases associated with dirt or neglect.

(2) School meals are generally good but vary considerably from school to school.

The school milk must be very important for some of the children especially the younger ones.

(3) Most of the schools in my area now have very good hygienic conditions but some of the older ones are badly in need of alterations to make them reasonably near modern standards.

(4) All the immunisations against infectious disease seem to be much more popular since the poliomyelitis vaccination was begun.

(5) I have not taken part in any scheme of *health education*, but of course one tries to help parents when they come to medical inspections.

(6) *Plantar warts* seem to be much commoner in the past few years and they give rise to a lot of trouble to the children and their parents. The Plantar Wart Clinic at Cathedral Road Clinic is doing very good work in curing the warts in the least possible time. I wonder if anything could be done at the swimming baths to prevent the spread of the condition.

(7) The relationship between the National Health Service and the School Health Service is quite good, and the family doctors, as a rule act on the recommendations of the School Medical Officers".

Dr. BRIDGID HUNTER (Part-time) (Part of S. Division):—

"(1) The *general health and well-being* of the children remains constant with few exceptions.

(2) More children are in a healthy nutritional state.

(3) No impetigo or scabies; pediculosis capitis has been kept under control by the Health Visitors.

(4) School meals and milk in school schemes are satisfactory.

(5) One school is very overcrowded, with no staff room, and has outside toilets, which are not satisfactory.

(6) The usual common infectious diseases occurred, but there were no severe epidemics.

(7) A small proportion of parents refuse *immunisation*; usually the mother is willing but the father not. Diphtheria, tetanus boosters, or primary immunisation for the above is carried out at school entry. More children have already received polio immunisation before school entry; if not, most parents accept it, and boosters are given to those children already protected. In addition, where required, boosters for diphtheria and tetanus are offered during the final year at a primary school.

(8) *Health Education* is carried out by means of films and talks from the Health Visitors. Individual advice is given at School Medical Inspections.

(9) No *plantar warts* have been discovered at medical inspections, except for those already under treatment (very few).

(10) 113 children have been *sweep tested for deafness.*"

Dr. HELEN P. SPINK (Part-time) (Part of S. Division):—

(1) The *general health* of the children is good. However there appears to be an increase in behaviour problems.

(2) The physical condition is generally good, and I have seen no cases of malnutrition. Much more emphasis is needed on dental hygiene.

(3) *Cleanliness.* A few isolated cases of pediculosis and impetigo have occurred in my schools. One case of scabies was reported. With a few exceptions the standard of cleanliness was satisfactory and, where necessary, the Health Visitors are very helpful in advising the parents concerning cleanliness and general hygiene.

(4) *School Meals, and Milk-in-School Scheme.* These continue to work well. Milk-in-School does not appear to be popular with the older children.

(5) *Hygienic Conditions.* In the large modern school conditions are good. The cloak-rooms and toilets are kept clean and well ventilated. In the smaller country school, with out-door toilets, the journey across a play-ground presents quite a problem for the younger children, especially in bad weather.

(6) *Attendance of parents* is good, except for the parents of male school leavers. The boys appear to prefer to be independent of their mother.

(7) *Immunisation.* Most five year olds are protected against Diphtheria, Whooping Cough and Tetanus. There is still a hard core of those who refuse Polio inoculation.

(8) *The incidence of plantar warts* continues to be high in Secondary School children. Treatment is given at a Verrucae Clinic held weekly at Maine Drive, Chaddesden.".

Dr. MARY M. STEVENS (Part-time) (Part of S. Division):—

(1) *General health and physical development* are satisfactory and there are no signs of child neglect from the general appearance of children.

(2) *School meals and milk-in-schools* are appreciated by most pupils and are of great value to their health.

(3) *Hygienic conditions*—heating is often more than adequate in new schools, but is soon corrected by ventilation.

(4) Naso-pharyngeal infections are common—there are frequent outbreaks of gastro-intestinal illness and tonsillitis but of 48 hours duration usually. There were two cases of rheumatic fever and one of chorea in the same junior school.

(5) The family doctor does most of the *immunisations*, but it is still necessary to offer protection through The School Medical Service.

(6) *Health Education*—films on subjects such as venereal disease are of value.

(7) *Plantar warts* are mostly seen in senior schools.

(8) 80 pupils sweep tested for deafness.".

Dr. C. G. WOOLGROVE (Part-time) (Part of S. Division):—

"(1) *The general health and well-being of the school children* remains good. The attendance of parents at routine examinations, held in infant schools, is excellent. This first examination is, of course, vital and it is important that parents are present so that a full medical history can be obtained. This ensures that defects which are discovered can be referred, with the help of the parents, to their general practitioners or one of the services provided by the County School Health Service if appropriate.

(2) The *physical condition* of the children is generally good and the majority of them are well-grown and sturdy. Physical Education in the schools is appreciated by the pupils and must also make a contribution to their physical well-being.

(3) *Cleanliness* of the pupils continues to be very satisfactory and reflects great credit on the parents concerned.

(4) *School Meals* are well prepared and show variety. There is no doubt that they are a great help to a family where the mother goes out to work, or the child has to travel some distance to school. Milk-in-schools is of undoubted value to the children and most of the pupils enjoy it.

(5) *The hygienic conditions of the schools* continue to be excellent, since all the schools in the area are of modern structure and design.

(6) *Infectious diseases:* During the year, a measles epidemic was experienced. It is to be hoped that the present work being undertaken by the Medical Research Council in connection with vaccination against measles will shortly be successfully completed.

(7) It has been the practice, for some years, to visit Senior Schools in company with the Youth Employment Service. This ensures that parents will be available to the School Leavers' Medical Inspection and at the same time be able to seek and obtain advice concerning the employment of their son or daughter. Any defects discovered can be discussed with the Youth Employment Officer.

(8) *Immunisation Procedures:*—

(*a*) *Diphtheria and Tetanus Immunisation:* The practice of offering primary immunisation and booster doses to children at school has continued and is welcomed by the parents. Diphtheria and Tetanus have been given, where appropriate, for booster doses.

(*b*) *Whooping Cough Vaccination:* The response of parents having infants, for "Triple" i.e. diphtheria, whooping cough and tetanus. is encouraging.

(*c*) *Poliomyelitis Vaccination:* The response to this vaccination continues to be good and now that the oral vaccine is accepted as routine procedure, the children come willingly to the clinic.

(*d*) *B.C.G. Vaccination:* This scheme includes not only those children who are thirteen years of age, but also those who are older. The response has again been excellent, reaching, in the cases of some schools, over eighty-five per cent. My thanks are due to the Head-teachers and their staffs, for their assistance in this very important campaign to give protection against tuberculosis.

(9) *Health Education:* Films dealing with 'milk and nutrition', 'teeth' and 'feet'. were made available to senior schools. In addition, these schools were visited with the appropriate films dealing with adolescence and growing-up; namely 'Your Body during Adolescence', 'From Boy to Man' and 'Quarter of Million Teenagers'. These were excellently received and indicated that there is further scope for this form of health education. In addition, the opportunity was taken for showing the County School Health Service Film on Venereal Disease. Although moderately successful, it perhaps indicated the importance of using this as a follow-on-series, after dealing with the problems associated with adolescence and growing-up.

(10) *Plantar warts:* We are most fortunate in Chaddesden, in having a Plantar Wart Clinic, at Maine Drive, Chaddesden. Great credit reflects on the Health Visitors and Medical Staff at this Clinic for all their efforts. Children from the various schools are referred to this clinic for treatment.

(11) *Inter-relationship between the National Health Service and the School Health Service:* The family practitioners in this area have again been most co-operative with regard to School Health Services and appointments with specialists in hospitals. Valuable information has been received from hospitals.

(12) *Deafness amongst school children*: At the Infant Schools, a full medical history is taken from the parents and those children who have ear trouble or a history of same, with deafness, have been referred for audiometric examination. This examination is carried out by Miss Kennerley and Dr. Duthie, so that the child receives a full medical examination and check of hearing. This service has proved a great success and my thanks are due to both Miss Kennerley and Dr. Duthie for their invaluable help. Children requiring hospital treatment are referred to the appropriate specialist at the Children's Hospital.".

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. H. BAILEY, the Borough School Medical Officer, concerning the Excepted District of Chesterfield.

"The standard of the health of the school children in the Borough has been highly satisfactory. With a few exceptions, the children were found to be well cared for, well clothed, happy and alert in their school life.

Of the 3,763 pupils receiving full medical examinations during the year, 399 or 10·60% were found to require treatment, but none was found to be in an unsatisfactory physical condition.

The incidence of scabies and impetigo was extremely low and out of 29,208 individual examinations of pupils for infestation with vermin, only 165 individual pupils were found to be infested, most of them very slightly.

The placement of handicapped pupils is still a difficult task and becomes more of a problem each year. The waiting list for admission to the Ashgate Croft School for educationally subnormal children continues to grow and the number of places there allocated to the Borough is totally inadequate.* At the end of the year, there were 14 children in residential schools, 6 of them newly placed during the year. The Frank Merifield School (formerly Brambling House) continued to play its part in providing special education.

Physiotherapy was carried out at the special day schools until the end of June, when unfortunately, owing to the illness of the Physiotherapist, treatment had to be discontinued. 29 pupils received 418 treatments.

During the year, 8 children received home tuition; one permanently disabled child throughout the year, and the others for varying periods of one to seven months, during illness or post-operatively.

The Child Guidance, Ophthalmic and Minor ailment clinics continued to function, although the latter has become very little used.

Sweep testing of hearing of all seven year old children was carried out. Any cases of failing this simple test were referred to the Clinic for full assessment of hearing.

Eyesight of school children was tested at infant entry, six years, eight years, ten years, thirteen years and school leaving age—cases were referred for treatment if required.

The scheme for B.C.G. vaccination against tuberculosis continued during the year under review. 901 pupils received vaccination.

The Speech Therapist has continued to give individual treatment at the Town Hall and Edmund Street Clinics and has made weekly visits to each of the special schools. School visits have been made each month and have proved extremely useful to both the therapist and to the teachers concerned.

The period of having a full dental staff was short-lived and for most of the year, we were reduced to the services of one dentist."

* A *new day school for* 132 *educationally sub-normal children is now being built at Shirebrook: this will have the effect of substantially increasing the provision for Chesterfield and N.E. Derbyshire.*

APPENDIX

TABLES OF THE DEPARTMENT OF EDUCATION AND SCIENCE

Medical Inspection and Treatment—Return for the year ended 31st December, 1965—Local Education Authority, Derbyshire

Number of pupils on registers of maintained primary and secondary, special and nursing schools including nursery and special schools in January, 1966, 119,080

PART 1—**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).**

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	*No. of Pupils who have received a full medical examination*	Physical condition of pupils inspected		*No. of pupils found not to warrant a medical examination*	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition recorded at Part II*	*Total Individual pupils*
		No.	*No.*				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	439	439	—	—	4	47	49
1960	5,436	5,421	15	—	143	874	989
1959	1,684	1,677	7	—	28	224	158
1958	829	826	3	—	29	93	106
1957	526	524	2	—	30	86	92
1956	897	896	1	—	62	115	167
1955	1,183	1,182	1	—	77	150	197
1954	4,277	4,272	5	—	385	553	847
1953	3,112	3,107	5	—	301	387	611
1952	1,174	1,172	2	—	107	145	207
1951	2,045	2,044	1	—	155	181	313
1950 and earlier	5,459	5,454	5	—	724	812	1,402
TOTAL	27,061	27,014	47	—	2,045	3,667	5,138

TABLE B.—OTHER INSPECTIONS.

Number of Special Inspections ..	1,722
Number of Re-inspections	7,598
Total	9,320

TABLE C.—INFESTATION WITH VERMIN.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	187,505
(*b*) Total number of individual pupils found to be infested	926
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D.—SCREENING TESTS OF VISION AND HEARING

	Whole County Excluding Chesterfield Excepted District	*Chesterfield Excepted District*
1. (*a*) Is the vision of entrants tested? ..	Yes. An attempt is made to test all entrants.	Yes. An attempt is made to test all entrants.
(*b*) If not, at what age is the first routine test carried out?	5 years.	
2. At what age(s) is vision testing repeated during a child's school life?	Age of 8-10-11 years; 14-15-16+ years.	Age of 6-8-11-13-14-15 year.
3. (*a*) Is colour vision testing undertaken?	Yes, if referred as special case.	Yes.
(*b*) If so, at what age?	—	11 years.
(*c*) Are both boys and girls tested? ..	Yes	Yes.
4. (*a*) By whom is vision testing carried out?	Referred cases examined by School Medical Officer.	School Health clerks.
(*b*) By whom is colour vision testing carried out?	Referred cases examined by School Medical Officer.	School Health clerks. Doubtful cases checked by School Medical Officer.
5. (*a*) Is audiometric testing of entrants carried out within the first year at School?	Yes, if referred as special case.	No
(*b*) If not, at what age is the first routine audiometric test carried out?	7 years.	6½ years
(*c*) By whom is audiometric testing carried out?	Referred cases are tested by School Medical Officer	S.M.O. Special cases referred for joint consultation with the S.M.O. and Teacher of the Deaf.

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

NOTE:— All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	*Defect or Disease*		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	238	149	158	545	51
		O	153	69	79	300	24
5	Eyes (*a*) Vision	T	234	879	932	2,045	340
		O	581	373	570	1,524	215
	(*b*) Squint	T	237	44	127	408	35
		O	73	22	63	158	31
	(*c*) Other	T	30	22	34	86	11
		O	20	12	15	47	7
6	Ears (*a*) Hearing	T	111	34	58	203	61
		O	305	41	115	461	149
	(*b*) Otitis Media	T	55	23	29	107	9
		O	92	15	54	161	25
	(*c*) Other	T	26	14	10	50	9
		O	47	10	23	80	10
7	Nose and Throat	T	267	64	98	429	51
		O	583	63	204	850	83
8	Speech	T	71	10	55	136	34
		O	126	12	53	191	39
9	Lymphatic Glands	T	18	2	5	25	4
		O	179	12	59	250	14
10	Heart	T	31	7	25	63	12
		O	155	74	94	323	58

11	Lungs	T	104	32	68	204	34
		O	235	61	104	400	32
12	Developmental (*a*) Hernia ..	T	28	5	18	51	2
		O	49	6	20	75	6
	(*b*) Other ..	T	37	13	30	80	25
		O	153	30	74	257	23
13	Orthopaedic (*a*) Posture	T	20	24	35	79	4
		O	26	37	59	122	10
	(*b*) Feet	T	130	69	106	305	31
		O	141	91	113	345	32
	(*c*) Other	T	101	47	106	254	44
		O	145	71	58	274	28
14	Nervous System (*a*) Epilepsy	T	28	14	34	76	24
		O	11	12	16	39	15
	(*b*) Other ..	T	33	16	30	79	23
		O	78	20	32	130	19
15	Psychological (*a*) Development	T	23	8	19	50	15
		O	66	30	214	310	76
	(*b*) Stability ..	T	45	32	82	159	46
		O	186	25	100	311	63
16	Abdomen	T	38	12	21	71	34
		O	53	18	35	106	8
17	Other	T	259	119	302	680	63
		O	166	59	149	374	67

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(including Nursery and Special Schools).

NOTES:—This part of the return is used to give the total numbers of:—

(i) cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	27
Errors of refraction (including squint) ..	5,162
Total	5,189
Number of pupils for whom spectacles were prescribed	2,002

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	11
(*b*) for adenoids and chronic tonsillitis ..	429
(*c*) for other nose and throat conditions ..	15
Received other forms of treatment	67
Total	522
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) In 1965	20
(*b*) In previous years	47

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	600
(*b*) Pupils treated at school for postural defects	28
Total	628

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	1
Scabies	8
Impetigo	4
Other skin diseases	268
Total	281

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics ..	1,873

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	1,305

TABLE G.—OTHER TREATMENT GIVEN

	Number known to have been dealt with
(*a*) Pupils with minor ailments ..	579
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	5,704
Total (*a*) - (*d*) ..	6,283

SCHOOL DENTAL SERVICE

Attendances and Treatment

	Ages 5 to 9	Ages 10 to14	Ages 15 and over	Total
First Visit	4,088	2,372	344	6,804
Subsequent visits	1,962	1,898	280	4,140
Total visits	6,050	4,270	624	1,0944
Additional courses of treatment commenced	444	239	36	719
Fillings in permanent teeth ..	1,885	3,324	579	5,788
Fillings in deciduous teeth ..	1,437	175	—	1,612
Permanent teeth fillings ..	1,661	2,836	535	5,032
Deciduous teeth filled ..	1,382	165	—	1,547
Permanent teeth extracted ..	230	882	187	1,299
Deciduous teeth extracted ..	4,130	1,137	—	5,267
General Anaesthetics ..	1,974	864	78	2,916
Emergencies	583	248	35	886

Number of Pupils X-rayed	24
Prophylaxis	499
Teeth otherwise conserved	2,994
Number of teeth root filled	1
Inlays	—
Crowns	—
Courses of treatment completed	5,931

Orthodontics

Cases remaining from previous year ..	55
New cases commenced during year ..	36
Cases completed during year	43
Cases discontinued during year	8
Number of removable appliances fitted ..	45
Number of fixed appliances fitted ..	
Pupils referred to Hospital Consultant ..	2

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time) ..	2	20	3	25
Number of dentures supplied	2	25	3	30

Anaesthetics

General Anaesthetics administered by Dental Officers	103

Inspections

(*a*)	First Inspection at school. Number of pupils ..	14,275
(*b*)	First inspection at clinic. Number of pupils ..	3,528
	Number of (*a*)+(*b*) found to require treatment ..	12,461
	Number of (*a*)+(*b*) offered treatment	9,831
(*c*)	Pupils re-inspected at school clinic..	1,017
	Number of (*c*) found to require treatment.. ..	830

Sessions

Sessions devoted to treatment	1,456
Sessions devoted to inspection	92
Sessions devoted to Dental Health Education	*

Not Apportionable.

* *At the first visit for treatment in the year, the parent of each child is interviewed, given a simple outline of the treatment required and a friendly talk on the need for dental care and methods which can be used at home to this end. This is supplemented by literature, suitable to the age of the patient, of which a large and varied stock is always available for distribution.*